



Austin Travis County

Mental Health Mental Retardation Center

FISCAL YEAR 2010 BUDGET

PEOPLE INTEGRITY EXCELLENCE



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QUALITY MANAGEMENT PROGRAM PLAN

Austin Travis County Mental Health Mental Retardation Center values and adheres to a philosophy of total quality management in all of its endeavors. The overall goal of the Quality Management Program Plan is to continuously improve the quality and effectiveness of care to consumers, and administrative operations which support providers of care, by evidence based practices, ongoing monitoring and evaluation activities using quality mechanisms and key processes, as outlined in the Malcolm Baldrige National Quality Award Program. Timely and meaningful network performance results are reported to oversight bodies such as, the Board of Trustees, the Quality Leadership Team, the Clinical Quality Committee, Consumer Council, Planning and Network Advisory Committee and fundors.

QUALITY LEADERSHIP TEAM

The Quality Leadership Team (QLT) is comprised of management members. The major goal of the QLT is to provide oversight of the quality improvement program and to ensure objectivity. The Quality Leadership Team has the following responsibilities:

- Monitoring and evaluating quality care issues through identified key indicators and data,
- Increasing management efficiency and effectiveness
- Establishing criteria and monitoring results of quality improvement activities, and assigning quality improvement teams, as appropriate
- Tracking activities and studies in progress or completed
- Monitoring the annual Quality Management Program Plan
- Providing recommendations for improvement



STRATEGIC PLAN FY 2008-2010

VISION

A caring and healthy community that supports individuals and families in achieving self-reliance and self-determination.

MISSION

Improving the lives of people who experience mental, emotional or substance use disorders and intellectual and developmental disabilities and delays.

VALUES

♦ People

♦ Integrity

♦ Excellence

GOALS

Goal 1: Treatment and Support Services: Asserts the critical nature of promoting independence and fostering resiliency when having control and making choices over every day and major life decisions. To encourage these efforts and to help bring about positive results, the Center focuses on being responsive to the needs of individuals and their families through services that are accessible and have proven to be successful.

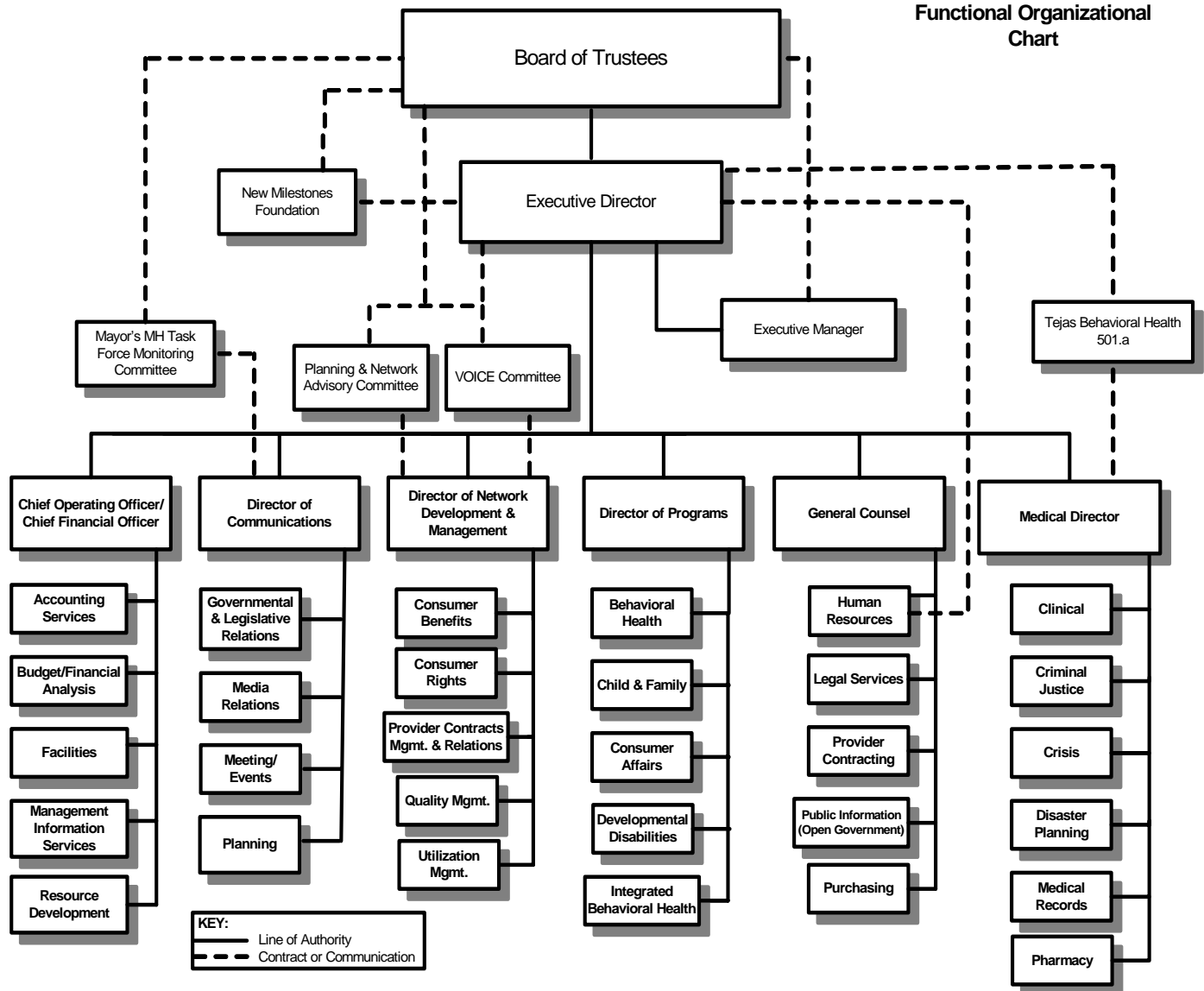
Goal 2: Workforce: Acknowledges that the central and driving force of the Center's programs and services is its competent and compassionate work force. The commitment to high quality services requires an investment in training and ongoing professional growth opportunities; the maintenance, retention and recognition of staff excellence; and a commitment to cooperation and collaboration, both within the agency and with community partners, to achieve the goals.

Goal 3: Stewardship: Describes the thoughtful and responsible administration and management of resources entrusted to the Center. This includes the ability and commitment of everyone to be efficient and productive in the execution of day-to-day activities and the capability of adapting successfully to an ever-changing environment.

Goal 4: Leadership: Demonstrates the community's expectation for and the Center's acceptance of its role in and commitment to being the champion and voice of those people served by its mission. Active community education, strong advocacy in areas that will improve lives, and joining with others to eradicate stigma will direct energy to and focus on the achievement of a caring and healthy community.



ATCMHMR FY 2010
Functional Organizational
Chart





FY 2010 BUDGET PLAN CENTER SUMMARY

Overview

Austin Travis County MHMR is governed by a nine-member Board of Trustees. The Board members are appointed by the sponsoring agencies. The City of Austin (four trustees), Travis County (four trustees) and the Austin Independent School District (one trustee).

The process to develop the fiscal year 2010 budget began with a Board approved calendar. The proposed budget is a year long process of Board direction and stakeholder feedback to arrive at an annual business plan and operating budget. The process included expanded outreach to broad segments of the community. Input was received from the public sector, advisory committees, consumer and family councils, community forums, contract providers and staff. All groups received a schedule and guiding principles for the FY2010 budget process. These collaborative efforts provided guidance in preparing the annual business plan and the annual operating budget.

ATCMHMR has created alliances and partnerships with the private sector and government agencies. ATCMHMR has strengthened its leadership role in the community as an authority while continuing to improve access, choice, quality and reduce costs through increased efficiencies.

We will continue the participatory process during the fiscal year to insure we meet the needs of the community and provide consumer-driven quality services.

BOARD OF TRUSTEES BUDGET GUIDANCE PRINCIPLES FOR PREPARATION

1. Ensure stakeholder participation (consumers, families, employees, Advisory Committees, and the Consumer Council).
2. Budget for consumer-driven services reflecting quality, access, best practices, and best value (including family, significant others, and trained volunteers in treatment of consumers).



3. Provide compensation for all employees consistent with Board direction.
4. Provide for only mission essential improvements.
5. Budget operationalizes strategic plan.
6. Commitment to continuation of current direct services unless review of options allows no better choice than the reduction of services.
7. Maximize Federal Funding, Center participation in Managed Care Contracts from State Agencies, and all other resources.
8. Maximize consistency of qualified providers over time.
9. Fund Balance expenditures will follow Board directed parameters.

Note: All of the above principles shall be observant of developments regarding the implementation of HHSC's Local Planning and Network Development Rule and resultant budgetary impact.

STAKEHOLDER INPUT

- Community Forum (May 19, 2009 @ 5:30 p.m.)
- Employee Forums (April 21, 2009 @ 8:30 a.m. and 5:15 p.m., April 22, 2009 @ 1:00 p.m.)
- Planning & Network Advisory Committee (April 9, 2009 @ 12:00 p. m.)
- VOICE and Consumer Council (April 28, 2009 @ 12:30 p.m.)

MAJOR IMPACT BUDGET ASSUMPTIONS

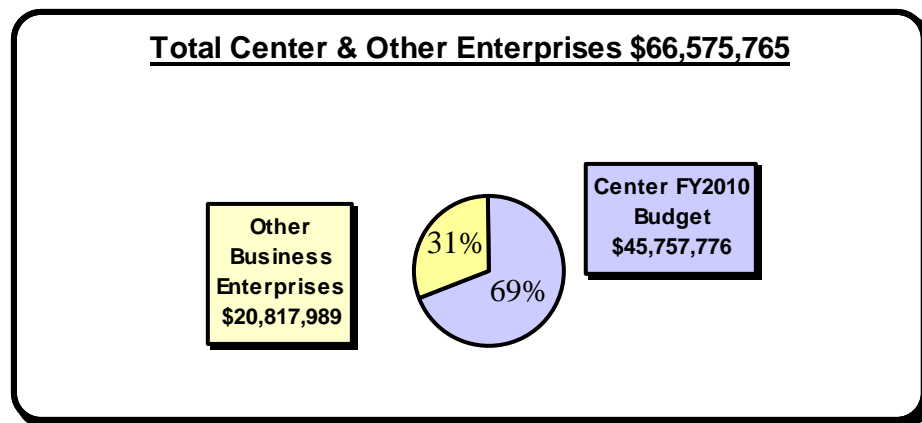
- Focus funding cuts farthest away from consumers;
- Level City and County Funding;
- Staff will continue to refine implementation of new Crisis Redesign State Funding;
- State Hospital Beds will be managed to allotted levels;
- The Pharmacy paid prescription budget will be managed using every potential funding source;
- Fee for service revenues will be earned as projected;
- Staff will continue to collaborate with Healthcare District regarding Community Mental Health needs;
- Staff will begin implementation of Local Planning and Network Development which will enlarge Center's external Provider Network.



FY 2010 BUDGET EXECUTIVE SUMMARY

Budget: The proposed fiscal year 2010 budget is \$45,757,776. This is a decrease of (\$144,244), (0.31%) from fiscal year 2009 amended budget.

The Center continues to provide authority, administrative and fiscal support services to other business enterprises. These other business enterprise operations are valued at \$20,817,989 (see next page for listing) for a total \$66,575,765.



Clients: There are 20,000 total projected unduplicated clients to be served in fiscal year 2010.

FTE's: There are 537.73 budgeted full time equivalent (FTE) positions for fiscal year 2010 compared to the current fiscal year 2009 amended budgeted positions of 540.92, a reduction of (3.19) positions.

Fund Balance: There are currently no fund balance reserves included in the 2010 budget.

**OTHER BUSINESS ENTERPRISES MANAGED BY THE CENTER**

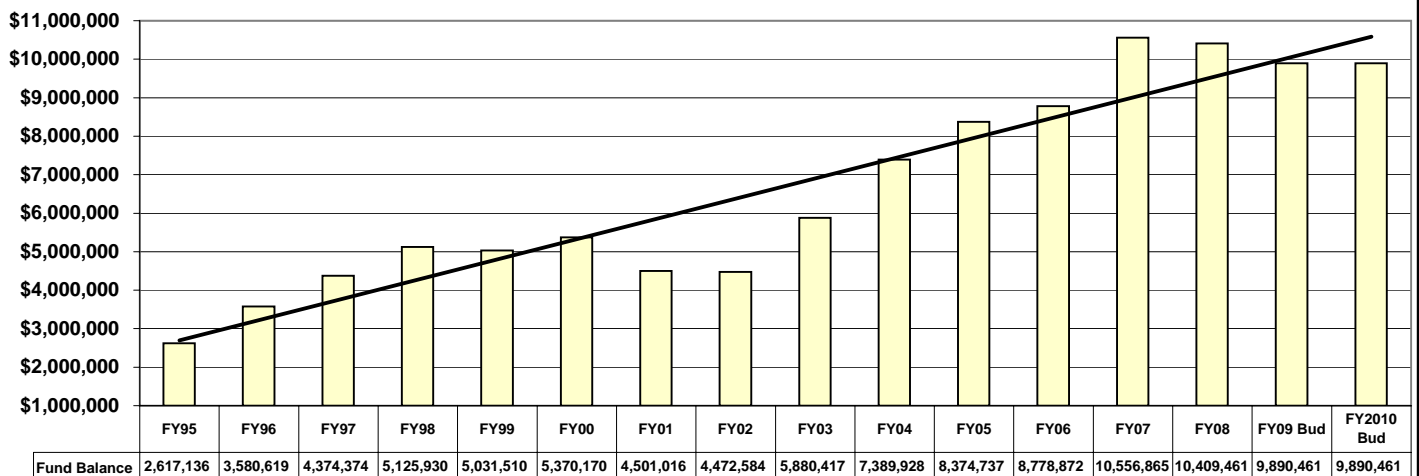
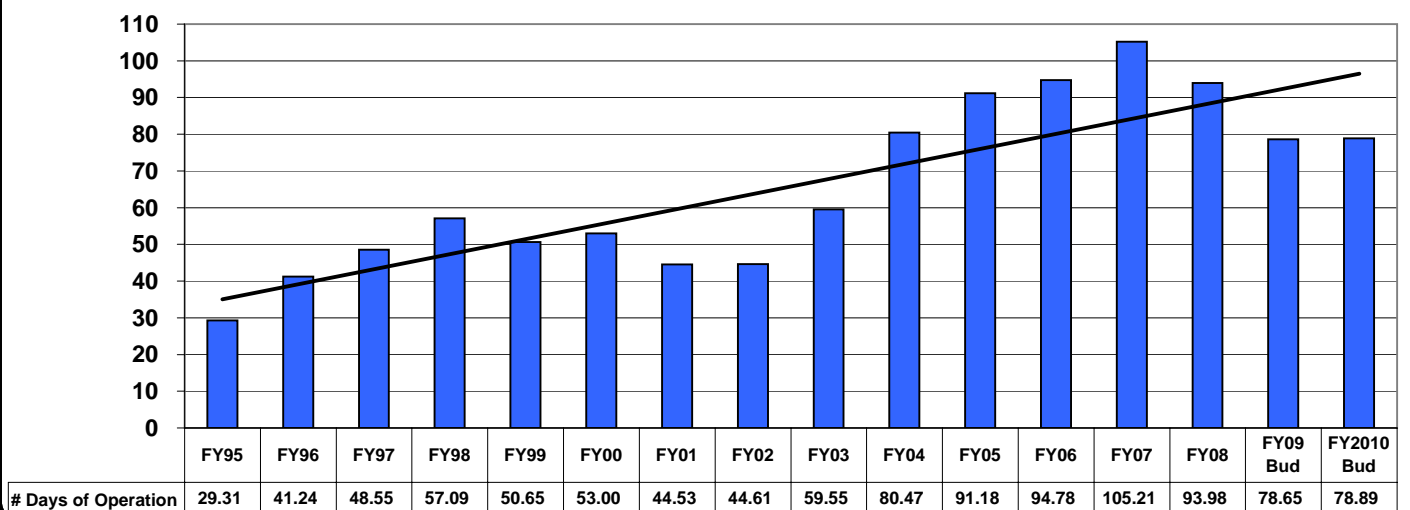
In addition to the FY2010 proposed budget of \$45,757,776 the Center provides authority, administrative and fiscal services for other business enterprises. The cost and revenue associated with these activities are not included in the Center's budget.

The additional business enterprises include:	Annual Amount or Value:
NMF Housing I - VII, Inc.	\$662,220
New Milestones Foundation, Inc. (NMF)	\$357,258
Community Action Network (CAN)	\$243,079
Indigent Care Collaboration (ICC)	\$881,262
State Hospital Allocation Methodology (SHAM)	\$8,444,574
Hospital District – In-Patient Hospital Beds	\$5,224,701
Patient Assistance Program (PAP)	\$3,200,000
Client Trust Accounts	\$40,616
Housing Authority of the City of Austin	\$510,572
Housing Authority of Travis County	\$643,680
Tejas – Seton CHIP	\$343,066
Austin Recovery – St. David's Foundation	\$266,961
Total	\$20,817,989



AUSTIN TRAVIS COUNTY MHRM CENTER BUDGETED FUND BALANCE

Fund Balance required to meet 90 days of operations for FY2010 Budget	\$ 11,282,739
Fund Balance at end of FY2008	\$ 10,409,461
Fund Balance Budget in FY2009	\$ (519,000)
Fund Balance Budget at end of FY2009	\$ 9,890,461
Number of days of operation in projected Fund Balance at beginning of FY2010	78.89
Fund Balance Increase Required to meet 90 days of operations for FY2010 Budget	\$ 1,392,278

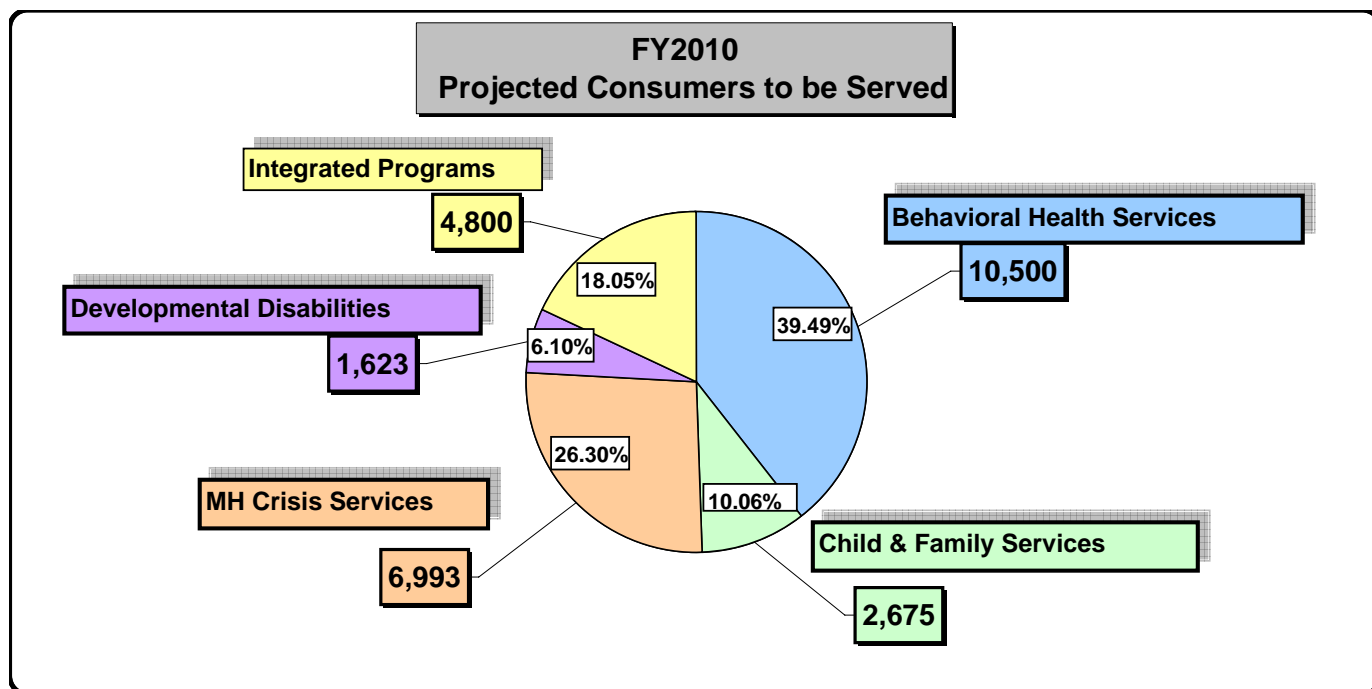
Fiscal Year Fund Balance**Number of Days of Operation of General Fund Balance**



AUSTIN TRAVIS COUNTY MHRM CENTER FY2010 PROJECTED CONSUMERS

Division	FY2010 Projection		FY2010 Change from FY2009 Revised Projection		FY2009 Projection		
	Consumers	%	Incr / (Decr)	Incr / -Decr	Original	Revised	Change
Behavioral Health Services	10,500	39.49%	200	1.94%	11,570	10,300	-1,270
Child & Family Services	2,675	10.06%	0	0.00%	2,675	2,675	0
MH Crisis Services	6,993	26.30%	408	6.20%	6,585	6,585	0
Developmental Disabilities	1,623	6.10%	107	7.06%	1,467	1,516	49
Integrated Programs	4,800	18.05%	0	0.00%	4,800	4,800	0
Total	26,591	100%	715	2.76%	27,097	25,876	-1,221

- Notes:**
- The total FY2010 projection of 26,591 is a total of each division's unduplicated consumers. This total projection includes some duplication of consumers among divisions. The estimated total unduplicated clients to be served is 20,000 for fiscal year 2010.
 - The Crisis Division was formed during fiscal year 2008. The Behavioral Health Services projection for FY2009 inaccurately included some crisis consumers in the projection of 11,570. The FY2009 Behavioral Health Services revised projection for FY2009 is 10,300.
 - The Crisis Division's Crisis Respite (Next Step) and Outpatient Competency Restoration Programs did not begin residential services until January 2009.
 - The Developmental Disabilities Division projects an increase in consumers to be served because of the increased public awareness and education in the community with Spanish speaking families and individuals with autism.
 - Integrated Programs refers to the EMERGE program.





**AUSTIN TRAVIS COUNTY MHRM CENTER
FISCAL YEAR 2010 PROPOSED BUDGET
CENTER TOTAL**

	FY 2010 ANNUAL BUDGET	PERCENT OF TOTAL	CHANGE FY 2009 CURRENT	PERCENT BUDGET CHANGE	FY 2009 ORIGINAL BUDGET	FY 2009 CURRENT BUDGET	FY 2009 YTD BUDGET CHANGE
REVENUES							
Local Funds:							
City of Austin	\$ 4,697,870	10.27%	\$ (39,367)	-0.83%	\$ 4,551,129	\$ 4,737,237	\$ 186,108
Travis County	\$ 3,629,642	7.93%	\$ (446,066)	-10.94%	\$ 3,760,881	\$ 4,075,708	\$ 314,827
Client Fees, Rents, & Insurance	\$ 417,816	0.91%	\$ 62,656	17.64%	\$ 355,160	\$ 355,160	\$ -
Rental Income	\$ 438,962	0.96%	\$ (37,003)	-7.77%	\$ 465,174	\$ 475,965	\$ 10,791
Other Local	\$ 1,215,286	2.66%	\$ (671,331)	-35.58%	\$ 1,485,461	\$ 1,886,617	\$ 401,156
Total Local Funds	\$ 10,399,576	22.73%	\$ (1,131,111)	-9.81%	\$ 10,617,805	\$ 11,530,687	\$ 912,882
State Funds:							
DSHS Mental Health	\$ 17,149,437	37.48%	\$ (34,654)	-0.20%	\$ 17,122,235	\$ 17,184,091	\$ 61,856
DSHS Substance Abuse	\$ 2,153,732	4.71%	\$ (6,069)	-0.28%	\$ 2,153,714	\$ 2,159,801	\$ 6,087
DADS	\$ 4,202,884	9.19%	\$ -	0.00%	\$ 4,084,825	\$ 4,202,884	\$ 118,059
TCOOMMI	\$ 1,407,252	3.08%	\$ 17,550	1.26%	\$ 1,286,349	\$ 1,389,702	\$ 103,353
DARS (Early Childhood Intervention)	\$ 1,328,144	2.90%	\$ 63,553	5.03%	\$ 1,264,591	\$ 1,264,591	\$ -
Other State	\$ 37,356	0.08%	\$ 2,968	8.63%	\$ 34,388	\$ 34,388	\$ -
Total State Funds	\$ 26,278,805	57.43%	\$ 43,348	0.17%	\$ 25,946,102	\$ 26,235,457	\$ 289,355
Federal Funds:							
Medicare/Medicaid/STAR/CHIP	\$ 6,041,601	13.20%	\$ 1,137,716	23.20%	\$ 4,910,092	\$ 4,903,885	\$ (6,207)
HCS / Tx Hm Lvg Waiver	\$ 1,910,964	4.18%	\$ (293,118)	-13.30%	\$ 2,201,082	\$ 2,204,082	\$ 3,000
Other Federal	\$ 1,126,830	2.46%	\$ 98,921	9.62%	\$ 978,055	\$ 1,027,909	\$ 49,854
Total Federal Funds	\$ 9,079,395	19.84%	\$ 943,519	11.60%	\$ 8,089,229	\$ 8,135,876	\$ 46,647
TOTAL REVENUES	\$ 45,757,776	100%	\$ (144,244)	-0.31%	\$ 44,653,136	\$ 45,902,020	\$ 1,248,884
EXPENDITURES							
Salaries	\$ 22,773,224	49.77%	\$ 508,801	2.29%	\$ 21,815,703	\$ 22,264,423	\$ 448,720
Fringe Benefits	\$ 7,198,205	15.73%	\$ 655,414	10.02%	\$ 6,451,745	\$ 6,542,791	\$ 91,046
Travel \ Workshop	\$ 621,672	1.36%	\$ 35,061	5.98%	\$ 577,905	\$ 586,611	\$ 8,706
Prescription Drugs and Medication	\$ 2,134,943	4.67%	\$ (69,218)	-3.14%	\$ 2,402,492	\$ 2,204,161	\$ (198,331)
Consumable Supplies	\$ 278,830	0.61%	\$ 13,515	5.09%	\$ 264,009	\$ 265,315	\$ 1,306
Contracted Services	\$ 7,919,593	17.31%	\$ (1,061,214)	-11.82%	\$ 8,218,922	\$ 8,980,807	\$ 761,885
Capital Outlay	\$ 413,402	0.90%	\$ 14,993	3.76%	\$ 393,668	\$ 398,409	\$ 4,741
Furniture & Equipment	\$ 442,371	0.97%	\$ 53,300	13.70%	\$ 384,270	\$ 389,071	\$ 4,801
Facility \ Telephone \ Utility	\$ 2,527,965	5.52%	\$ 9,444	0.37%	\$ 2,514,658	\$ 2,518,521	\$ 3,863
Insurance Costs	\$ 121,031	0.26%	\$ (11,661)	-8.79%	\$ 132,542	\$ 132,692	\$ 150
Vehicle Costs	\$ 98,815	0.22%	\$ (56,811)	-36.50%	\$ 155,626	\$ 155,626	\$ -
Professional Fees	\$ 145,089	0.32%	\$ (100,538)	-40.93%	\$ 158,472	\$ 245,627	\$ 87,155
Other Operating Costs	\$ 557,697	1.22%	\$ (76,967)	-12.13%	\$ 599,822	\$ 634,664	\$ 34,842
Client Support Costs	\$ 524,939	1.15%	\$ (58,363)	-10.01%	\$ 583,302	\$ 583,302	\$ -
TOTAL EXPENDITURES	\$ 45,757,776	100.00%	\$ (144,244)	-0.31%	\$ 44,653,136	\$ 45,902,020	\$ 1,248,884
TOTAL FTE'S	537.73		(3.19)	-0.59%	527.35	540.92	13.58

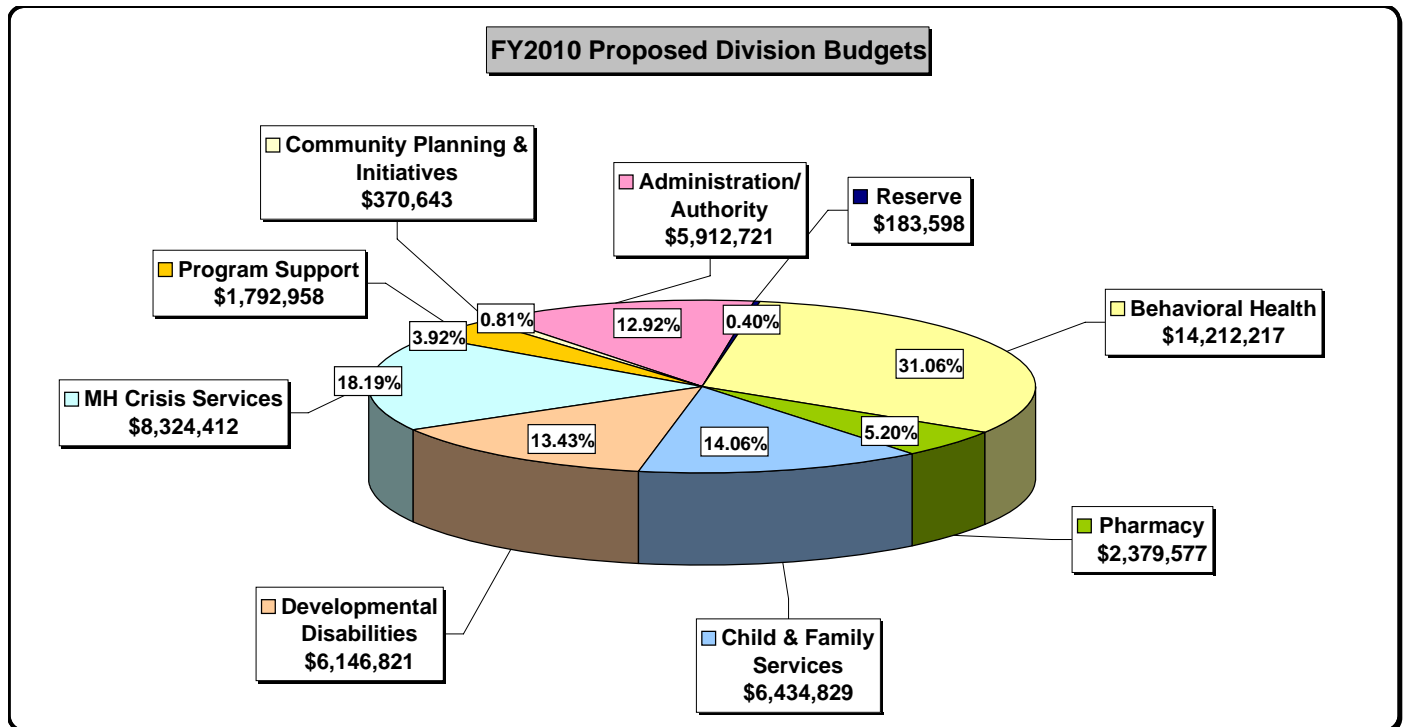


AUSTIN TRAVIS COUNTY MHMR CENTER FY2010 PROPOSED DIVISION BUDGET SUMMARY

Division	FY2010 Proposed Budget	
	Total	%
Behavioral Health	\$14,212,217	31.06%
Pharmacy	\$2,379,577	5.20%
Child & Family Services	\$6,434,829	14.06%
Developmental Disabilities	\$6,146,821	13.43%
MH Crisis Services	\$8,324,412	18.19%
Program Support	\$1,792,958	3.92%
Community Planning & Initiatives	\$370,643	0.81%
Administration/ Authority	\$5,912,721	12.92%
Reserve	\$183,598	0.40%
Total	\$45,757,776	100.00%

Change 2009 Current Budget	
Incr/(Decr)	Incr/Decr
\$650,117	4.79%
\$36,782	1.57%
(\$368,104)	-5.41%
\$112,296	1.86%
(\$553,224)	-6.23%
(\$94,923)	-5.03%
(\$104,295)	-21.96%
\$154,750	2.69%
\$22,357	13.87%
(\$144,244)	-0.31%

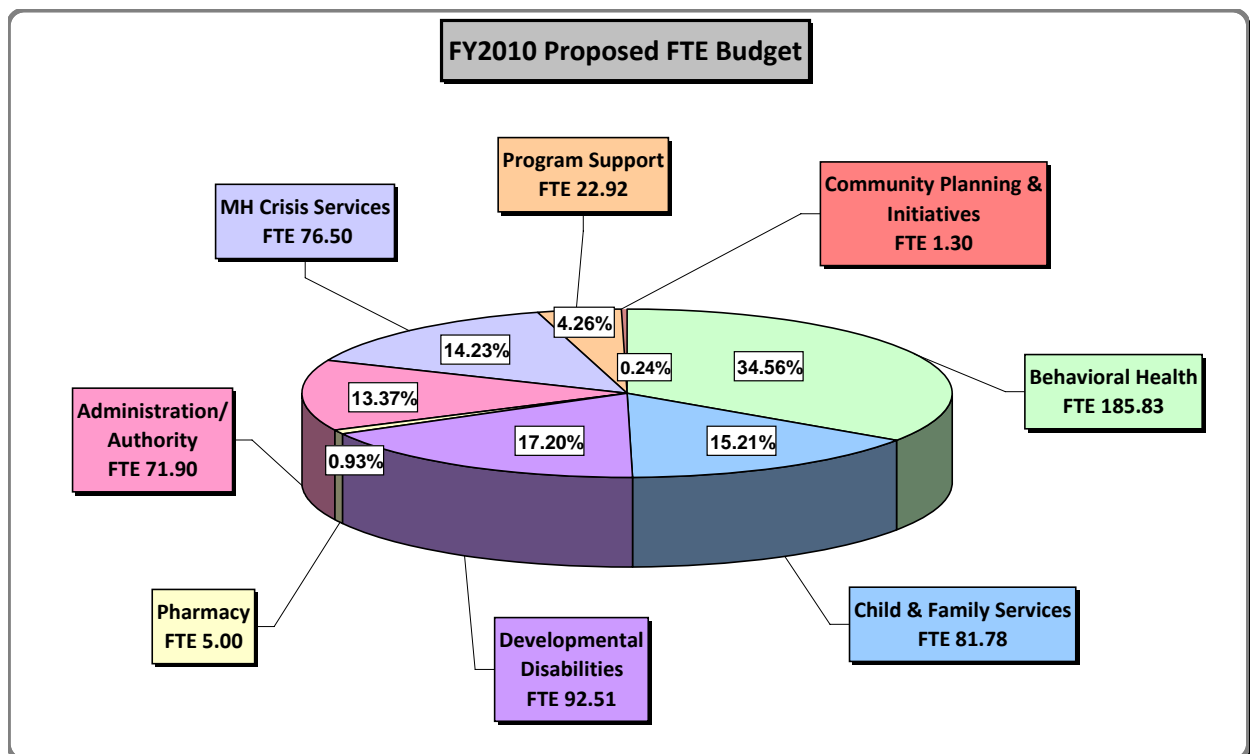
FY2009 Budget		
Original	Current	Change
\$13,390,057	\$13,562,100	\$172,043
\$2,405,501	\$2,342,795	(\$62,706)
\$6,250,435	\$6,802,933	\$552,498
\$5,772,217	\$6,034,525	\$262,308
\$8,609,820	\$8,877,636	\$267,816
\$1,902,547	\$1,887,881	(\$14,666)
\$316,163	\$474,938	\$158,775
\$5,590,277	\$5,757,971	\$167,694
\$416,119	\$161,241	(\$254,878)
\$44,653,136	\$45,902,020	\$1,248,884





AUSTIN TRAVIS COUNTY MHMR CENTER **FY2010 PROPOSED FULL TIME EQUIVALENT (FTE) POSITION BUDGET**

Division	FY2010 Proposed Budget		Change 2009 Current		FY2009 Budget		
	FTE	%	Incr / (Decr)	Incr / -Decr	Original	Current	Change
Behavioral Health	185.83	34.56%	1.91	1.04%	181.37	183.92	2.55
Child & Family Services	81.78	15.21%	(2.12)	-2.53%	81.90	83.90	2.00
Developmental Disabilities	92.51	17.20%	1.83	2.02%	89.61	90.68	1.07
Pharmacy	5.00	0.93%	(0.13)	-2.63%	5.14	5.13	0.00
Administration/ Authority	71.90	13.37%	(0.82)	-1.13%	69.62	72.72	3.10
MH Crisis Services	76.50	14.23%	(2.15)	-2.73%	73.80	78.65	4.85
Program Support	22.92	4.26%	(1.24)	-5.13%	24.41	24.16	-0.25
Community Planning & Initiatives	1.30	0.24%	(0.46)	-26.14%	1.50	1.76	0.26
Reserve	0.00	0.00%	0.00	0.00%	0.00	0.00	0.00
Total	537.73	100.00%	(3.19)	-0.59%	527.35	540.92	13.58



**FY 2010 BUDGET PLAN**
CENTER FACILITIES

Center operations are conducted at 44 sites in a diverse real estate portfolio spread throughout the Austin, Travis County area. All facilities are conveniently located with easy access to major traffic arteries. Housing facilities and Developmental Disabilities group homes are located with easy access to bus routes, grocery stores, and neighborhood parks.

<u>Owned Properties</u>	<u>Number of Sites</u>	<u>Square Footage</u>	<u>Replacement Cost</u>
Commercial*	11	105,306	\$10,171,309
DD group homes	4	8,094	\$ 625,912
Residential	<u>9</u>	<u>48,204</u>	<u>\$ 3,778,308**</u>
Subtotal	24	161,604	\$14,575,529

Replacement cost was determined by Texas Council Risk Management Fund (TCRMF) upon individual inspection of each property. Replacement cost does not indicate market value.

* Two of these facilities are combination office/residential.

** Includes purchase price for 6222 N. Lamar until we receive replacement cost determination from TCRMF.

Leased Properties

Commercial	7	35,858
Residential	3	21,684
Storage Units	4	<u>350</u>
Subtotal	14	57,892

NMF Properties	8	<u>55,948</u>	<u>\$ 3,677,754</u>
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*NMF VI is two properties

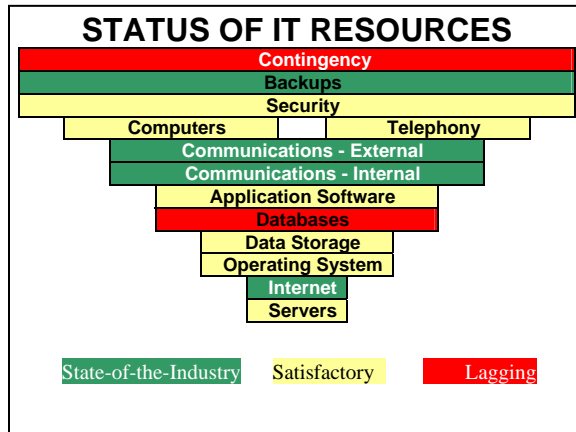
Grand Total	<u>46</u>	<u>275,444</u>	<u>\$16,878,283</u>
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MIS RESOURCES

SUMMARY AS OF JULY 2009

MIS Resource Status. The status of the Center's Information Technology (IT) resources is shown below.



This diagram represents the elements of our information network. Critical elements start at the bottom and provide the building blocks for all other elements above. Blocks nearer the bottom must at least be satisfactory and should be state-of-the-industry whenever possible. For example: If our servers are inadequate, all elements above will not perform adequately regardless of the investment in those elements. Conversely if one or a small group of computers is below minimum, no elements below the computers are affected.

Status Changes During FY2009. During FY2009 the status of two resources were downgraded; one resource was changed.

Downgraded to Satisfactory:

- **Data Storage.** Although our current Storage Area Network (SAN) from XIOTech has performed exceptionally since its purchase with Telecommunications Infrastructure Funds in FY2002, it will reach its end-of-life in April 2010. At that time it will no longer be supported by the vendor and replacement parts will not be available. MIS has a project in process to replace the SAN with state-of-the-industry equipment before April. Cost of the project is approximately \$ 115,000.00.
- **Network Operating System.** As the industry continues to change, it has become increasingly apparent that we will not be able to continue with the Novell operating system as the base operating system for our

network. Some Novell products such as GroupWise will remain, at least for the short term. But more software applications require the security, network control, directory services and related tools of Windows. In the past year changes to AZ Central and implementation of Voice of Internet Protocol telephony have both required those Windows services.

Changed:

- **Telephony.** The biggest network resource change in FY2009 was the implementation of Cisco's Voice over Internet Protocol (VoIP) telephony. The following Cisco components were introduced into the Center's telephone network:
 - Call Manager. New central switches were installed to manage voice traffic and telephone instruments. The primary switch called the "publisher" is located in the primary distribution facility at 1430 Collier Street while a fully redundant switch called a "subscriber" is located at NLJ. In the event of a loss of service at Collier Street, the subscriber will provide phones service for all staff at NLJ.
 - Crisis Phones. All of the phones at Crisis Services and other units at NLJ were replaced with new VoIP Cisco phones. The new Crisis Services facility at 6222 North Lamar was opened with VoIP services and phones.
 - CCX. New Call Center software used by Crisis Services was implemented at the same time as the other VoIP Cisco products.
 - Voice Mail. Voice mail for the entire Center was replaced with Cisco's Unity voice mail, replacing a voice mail system that was purchased in 1999 and no longer supported.

These elements provide a solid basis for converting all of the Center's telephony to a Cisco solution. MIS has an open infrastructure project to replace all phones across our network as funding allows.

This resource is still shown as "Satisfactory" only because of the older-technology NEC switch and telephones purchased in 1999 and still in use in most of our facilities. The new



Cisco equipment and software is state-of-the-industry.

Resource Status, July 2009.

Servers and Internet. Servers and the Internet are the basic building blocks of the Center's IT resources. Servers are evaluated frequently and replaced as needed. Changes already implemented or planned are mentioned in topics below. The long-range IT Infrastructure Plan calls for replacing at least two servers per year.

In September 2008, the AZ Central application was moved to a new Windows server as Phase I of the conversion to SQL. See "Databases" below.

In June 2009, MIS began Phase I of replacing all of the servers in our Citrix/Terminal Server farm. This farm allows access into our network not only for our smaller remotes sites but also for all staff connecting via the Internet whether from our own notebook computers using air cards or other personal computers. The new farm will replace very old equipment and software and will allow new functionality for the Doctor's Home Page and document management devices (scanners, signature pads) that are not supported by the old farm.

Our farm, currently consisting of seven (7) servers will be eventually replaced by a new farm of three (3) servers using advances in hardware and software that have occurred since the original farm was established. This will be accomplished by "virtualization" of the servers whereby one physical hardware server actually functions as multiple virtual servers. Servers have become so fast and dependable that using one physical server for a single function is not efficient. The Center will make more use of expanded virtualization as experience is gained, resulting in both decreases in initial cost and on-going maintenance as well as being one of the "green" initiatives that can be justified for the IT environment.

Operating System. See comments at "Network Operating System" above.

Data Storage. See comments at "Data Storage" above.

Databases. Once again plans to convert AZ Central to Microsoft SQL were not fully implemented during the fiscal year. This was primarily due to other priorities for project funding. However, Phase I of the conversion plan was implemented and all of the current Dataflex databases for AZ Central were moved to a Windows operating environment. Staff access AZ Central from their local computers using a standard Windows interface rather than the Novell client. This has eased many of the problems that were occurring because of an integration issue between the Novell operating system and the AZ Central database.

Application Software. Sixteen software upgrades for AZ Central have been installed to date in FY2009 with at least two more upgrades expected this year. As the AZ Central product is enhanced for the national certification required for some of the stimulus funding, more frequent upgrades are expected in FY2010. In FY2009 Anasazi Software began releasing major components of their enhancement of Assessment/Treatment Planning (ATP Version 3) including support for client signature pads, document management for non-electronic documents, and a redesigned clinical interface. ATP Version 3 will be installed in August or September 2009 with implementation of those enhancements as desired by Provider Services and as additional equipment is funded.

In February 2009 the Center installed for production use the first instance of the AZ Central Doctors' Home Page. ATCMHMR is the first organization to use the new software and other organizations across the country have been closely following our implementation. The Doctors' Home Page consists of new functionality which includes ePrescribing (expected to be fully functional in FY2009), drug information and drug interaction analysis, and a redesigned, user-friendly clinical interface.

In February the Business Office with assistance from MIS upgraded their MIP Fund Accounting software to current versions. The database for MIP currently resides in an old version of Microsoft SQL and must be upgraded in the near future.



Office 2000 continues to be the primary software for Word, Excel, PowerPoint and Access applications with about thirty percent of the Center now upgraded to Office 2003. The need for a Center-wide upgrade to current software continues to increase in order to keep software synchronized with State and other funding sources.

Communications - Internal. Major internal communications upgrades during FY2008 provided the basis for the FY2009 VoIP and Crisis Services projects. No other significant changes occurred this year.

Communications - External. No major upgrades occurred in external communication hardware or software during FY2009. Our Internet Service Provider was moved to TW Telecom at substantial savings for equivalent communications speeds. The Center continues to use wireless cellular technology throughout the area with currently almost 200 active users of Verizon cellular air cards.

Computers. Windows XP Professional continues to be the minimum operating system for all computers. No significant changes occurred during FY2009. It is becoming increasingly apparent that many organizations will skip the Windows Vista operating system entirely and wait until Windows 7 has proven solid and dependable. This is the current plan for ATCMHMR.

Telephony. See "Telephony" under FY2009 "Changed" above.

Security. No changes occurred in FY2009. Our Cisco PIX firewall continues to include state-of-the-industry hardware and software. Updates available from our annual maintenance contracts are installed promptly as received. As all of our computers - individual workstations, notebook computers, and now possibly Windows servers - are being more frequently infected from Internet-based malware, our local machine protection will be reviewed in FY2010 with a probable recommendation for new or upgraded software.

Backups. No changes occurred in FY2009. The new backup technology installed in FY2007 has performed as expected, reducing backup times, standardizing backup processes, and simplifying daily management tasks. Upgrades are applied as received.

Contingency. By using Anasazi Software's Disaster Recovery service, in the event of a major disaster all of our AZ Central data as of the previous weekend is available on 24-hour notice from an Anasazi Software facility in Nevada. With office products installed locally on all computers, the only significant software in general use that would not be available in case of a disaster would be the fiscal accounting software. However, the Center does not have a contingency plan to make use of that data should a disaster occur. Our large investment in air cards would give access to that data but the processes to use those cards in the event of an emergency have not been defined. A work group formed by the Quality Leadership Team in May 2006 is tasked with developing such a contingency plan.

Divisions Section



**AUSTIN TRAVIS COUNTY MHRM CENTER
FISCAL YEAR 2010 PROPOSED BUDGET
BEHAVIORAL HEALTH SERVICES
(Includes AMH, SASS, HSG)**

	FY 2010 ANNUAL BUDGET	PERCENT OF TOTAL	CHANGE FY 2009 CURRENT	PERCENT BUDGET CHANGE	FY 2009 ORIGINAL BUDGET	FY 2009 CURRENT BUDGET	FY 2009 YTD BUDGET CHANGE
REVENUES							
Local Funds:							
City of Austin	\$ 2,629,543	18.50%	\$ (1,521)	-0.06%	\$ 2,592,918	\$ 2,631,064	\$ 38,146
Travis County	\$ 1,303,029	9.17%	\$ (87,540)	-6.30%	\$ 1,310,683	\$ 1,390,569	\$ 79,886
Client Fees, Rents, & Insurance	\$ 225,067	1.58%	\$ 8,582	3.96%	\$ 216,485	\$ 216,485	\$ -
Rental Income	\$ 377,758	2.66%	\$ (33,677)	-8.19%	\$ 400,644	\$ 411,435	\$ 10,791
Other Local	\$ 141,234	0.99%	\$ 114,689	432.06%	\$ 18,000	\$ 26,545	\$ 8,545
Total Local Funds	\$ 4,676,631	32.91%	\$ 533	0.01%	\$ 4,538,730	\$ 4,676,098	\$ 137,368
State Funds:							
DSHS Mental Health	\$ 3,764,129	26.49%	\$ 21,619	0.58%	\$ 3,798,457	\$ 3,742,510	\$ (55,947)
DSHS Substance Abuse	\$ 1,956,088	13.76%	\$ (6,069)	-0.31%	\$ 1,956,526	\$ 1,962,157	\$ 5,631
DADS	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
TCOOMMI	\$ 760,430	5.35%	\$ 15,955	2.14%	\$ 673,219	\$ 744,475	\$ 71,256
DARS (Early Childhood Intervention)	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other State	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Total State Funds	\$ 6,480,647	45.60%	\$ 31,505	0.49%	\$ 6,428,202	\$ 6,449,142	\$ 20,940
Federal Funds:							
Medicare/Medicaid/STAR/CHIP	\$ 1,986,935	13.98%	\$ 533,119	36.67%	\$ 1,474,883	\$ 1,453,816	\$ (21,067)
HCS / Tx Hm Lvg Waiver	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other Federal	\$ 1,068,004	7.51%	\$ 84,960	8.64%	\$ 948,242	\$ 983,044	\$ 34,802
Total Federal Funds	\$ 3,054,939	21.50%	\$ 618,079	25.36%	\$ 2,423,125	\$ 2,436,860	\$ 13,735
TOTAL REVENUES	\$ 14,212,217	100.00%	\$ 650,117	4.79%	\$ 13,390,057	\$ 13,562,100	\$ 172,043
EXPENDITURES							
Salaries	\$ 7,844,282	55.19%	\$ 349,659	4.67%	\$ 7,446,569	\$ 7,494,623	\$ 48,054
Fringe Benefits	\$ 2,514,305	17.69%	\$ 264,131	11.74%	\$ 2,235,614	\$ 2,250,174	\$ 14,560
Travel \ Workshop	\$ 199,077	1.40%	\$ 9,079	4.78%	\$ 190,498	\$ 189,998	\$ (500)
Prescription Drugs and Medication	\$ 72,800	0.51%	\$ (62)	-0.09%	\$ 72,862	\$ 72,862	\$ -
Consumable Supplies	\$ 102,727	0.72%	\$ (11,522)	-10.08%	\$ 114,249	\$ 114,249	\$ -
Contracted Services	\$ 1,966,596	13.84%	\$ (8,475)	-0.43%	\$ 1,872,610	\$ 1,975,071	\$ 102,461
Capital Outlay	\$ 148,070	1.04%	\$ 10,521	7.65%	\$ 134,710	\$ 137,549	\$ 2,839
Furniture & Equipment	\$ 155,409	1.09%	\$ 16,042	11.51%	\$ 136,377	\$ 139,367	\$ 2,990
Facility \ Telephone \ Utility	\$ 957,701	6.74%	\$ 33,133	3.58%	\$ 923,304	\$ 924,568	\$ 1,264
Insurance Costs	\$ 29,641	0.21%	\$ (4,244)	-12.52%	\$ 33,810	\$ 33,885	\$ 75
Vehicle Costs	\$ 28,779	0.20%	\$ (664)	-2.26%	\$ 29,443	\$ 29,443	\$ -
Professional Fees	\$ 212	0.00%	\$ (1,018)	-82.76%	\$ 930	\$ 1,230	\$ 300
Other Operating Costs	\$ 96,013	0.68%	\$ 16,791	21.19%	\$ 79,222	\$ 79,222	\$ -
Client Support Costs	\$ 96,605	0.68%	\$ (23,254)	-19.40%	\$ 119,859	\$ 119,859	\$ -
TOTAL EXPENDITURES	\$ 14,212,217	100.00%	\$ 650,117	4.79%	\$ 13,390,057	\$ 13,562,100	\$ 172,043
TOTAL FTE'S	185.83		1.91	1.04%	181.37	183.92	2.55



**AUSTIN TRAVIS COUNTY MHMR CENTER
FISCAL YEAR 2010 PROPOSED BUDGET
PHARMACY**

	FY 2010 ANNUAL BUDGET	PERCENT OF TOTAL	CHANGE FY 2009 CURRENT	PERCENT BUDGET CHANGE	FY 2009 ORIGINAL BUDGET	FY 2009 CURRENT BUDGET	FY 2009 YTD BUDGET CHANGE
REVENUES							
Local Funds:							
City of Austin	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Travis County	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Client Fees, Rents, & Insurance	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Rental Income	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other Local	\$ 20,000	0.84%	\$ -	0.00%	\$ 20,000	\$ 20,000	\$ -
Total Local Funds	\$ 20,000	0.84%	\$ -	0.00%	\$ 20,000	\$ 20,000	\$ -
State Funds:							
DSHS Mental Health	\$ 1,733,438	72.85%	\$ 44,287	2.62%	\$ 1,691,212	\$ 1,689,151	\$ (2,061)
DSHS Substance Abuse	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
DADS	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
TCOOMMI	\$ 100,500	4.22%	\$ -	0.00%	\$ 161,800	\$ 100,500	\$ (61,300)
DARS (Early Childhood Intervention)	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other State	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Total State Funds	\$ 1,833,938	77.07%	\$ 44,287	2.47%	\$ 1,853,012	\$ 1,789,651	\$ (63,361)
Federal Funds:							
Medicare/Medicaid/STAR/CHIP	\$ 525,639	22.09%	\$ (7,505)	-1.41%	\$ 532,489	\$ 533,144	\$ 655
HCS / Tx Hm Lvg Waiver	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other Federal	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Total Federal Funds	\$ 525,639	22.09%	\$ (7,505)	-1.41%	\$ 532,489	\$ 533,144	\$ 655
TOTAL REVENUES	\$ 2,379,577	100.00%	\$ 36,782	1.57%	\$ 2,405,501	\$ 2,342,795	\$ (62,706)
EXPENDITURES							
Salaries	\$ 195,839	8.23%	\$ (6,331)	-3.13%	\$ 203,401	\$ 202,170	\$ (1,231)
Fringe Benefits	\$ 68,105	2.86%	\$ 2,683	4.10%	\$ 65,597	\$ 65,422	\$ (175)
Travel \ Workshop	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Prescription Drugs and Medication	\$ 2,059,643	86.56%	\$ 34,387	1.70%	\$ 2,086,556	\$ 2,025,256	\$ (61,300)
Consumable Supplies	\$ 7,571	0.32%	\$ 1,961	34.96%	\$ 5,610	\$ 5,610	\$ -
Contracted Services	\$ 16,306	0.69%	\$ 2,006	14.03%	\$ 14,300	\$ 14,300	\$ -
Capital Outlay	\$ 2,572	0.11%	\$ (21)	-0.81%	\$ 2,593	\$ 2,593	\$ -
Furniture & Equipment	\$ 14,743	0.62%	\$ (631)	-4.10%	\$ 15,374	\$ 15,374	\$ -
Facility \ Telephone \ Utility	\$ 13,004	0.55%	\$ 2,810	27.57%	\$ 10,194	\$ 10,194	\$ -
Insurance Costs	\$ 675	0.03%	\$ (247)	-26.79%	\$ 922	\$ 922	\$ -
Vehicle Costs	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Professional Fees	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other Operating Costs	\$ 1,029	0.04%	\$ 75	7.86%	\$ 954	\$ 954	\$ -
Client Support Costs	\$ 90	0.00%	\$ 90	-	\$ -	\$ -	\$ -
TOTAL EXPENDITURES	\$ 2,379,577	100.00%	\$ 36,782	1.57%	\$ 2,405,501	\$ 2,342,795	\$ (62,706)
TOTAL FTE'S	5.00		(0.13)	-2.63%	5.14	5.13	(0.00)



AUSTIN TRAVIS COUNTY MHMR CENTER FY 2010 BUDGET PLAN

BUDGET ASSUMPTIONS

- Continued refinement and alignment of systems to support changes of the Resiliency & Disease Management (RDM) model for Department of State Health Services (DSHS) funded services.
- Increase opportunities for consumers and their families as appropriate to participate in peer-directed activities.
- Continued strong collaboration with Criminal Justice system including jail diversion initiatives.
- Wait list will continue for adult mental health clients, with total number served more closely matching performance measures.
- Continued rollout of integration of mental health/chemical dependency treatment services and behavioral health/physical health.

Behavioral Health Services
Goal 1: Asserts the critical nature of promoting independence and fostering resiliency when having control and making choices over every day and major life decisions. To encourage these efforts and to help bring about positive results, the Center focuses on being responsive to the needs of individuals and their families through services that are accessible and have proven to be successful.
Increase training opportunities for consumers and their families as appropriate to participate in peer-directed activities that promote recovery, self-reliance, and self-determination to improve quality of life for consumers.
Continue to implement evidence based best practices and quality service delivery models to address the unique behavioral health needs of Center consumers.
Goal 2: Acknowledges that the central and driving force of the Center's programs and services is its competent and compassionate work force. The commitment to high quality services requires an investment in training and ongoing professional growth opportunities; the maintenance, retention and recognition of staff excellence; and a commitment to cooperation and collaboration, both within the agency and with community partners, to achieve the goals.



Implement staff development / workshops quarterly, to maintain and increase competencies for service delivery.
Provide relevant continuing education, ethics and leadership training, and training in evidenced based practices. Support supervisory training.
Continue collaborations with internal and external stakeholder groups to improve key processes and information communications to promote effective decision making to meet the Center's consumer needs.
Goal 3: Describes the thoughtful and responsible administration and management of resources entrusted to the Center. This includes the ability and commitment of everyone to be efficient and productive in the execution of day-to-day activities and the capability of adapting successfully to an ever-changing environment.
Reinforce HMIS service capacity, to successfully mediate Department of Urban Development – Homeless Prevention and Rapid Re-Housing data within the County and City plans for FY2010.
The Behavioral Health Division will assess, on an on-going basis, the impact of the implementation of the Center's Local Network Development Plan on service delivery systems for Center consumers.
Will continue performance monitoring on all service contracts (e.g. DSHS, TCOOMMI, City of Austin, and Travis County) for maximum fidelity to service models, maximizing revenue earnings, and meeting contract performance targets.
Goal 4: Demonstrates the community's expectation for and the Center's acceptance of its role in and commitment to being the champion and voice of those people served by its mission. Active community education, strong advocacy in areas that will improve lives, and joining with others to eradicate stigma will direct energy to and focus on the achievement of a caring and healthy community.
Continue leadership role in CAN Behavioral Health Planning Partnership, criminal justice planning bodies, homeless planning groups, and other community groups as relevant to the mission.
Participate in local NAMI, DBSA, Mental Health Texas, activities for support and collaboration.



Continued rollout of integration of mental health/chemical dependency treatment services and behavioral health/physical health to address service gaps focused on a sustainable service delivery system for Center's consumers.



**AUSTIN TRAVIS COUNTY MHRM CENTER
FISCAL YEAR 2010 PROPOSED BUDGET
CHILD & FAMILY SERVICES**

	FY 2010 ANNUAL BUDGET	PERCENT OF TOTAL	CHANGE FY 2009 CURRENT	PERCENT BUDGET CHANGE	FY 2009 ORIGINAL BUDGET	FY 2009 CURRENT BUDGET	FY 2009 YTD BUDGET CHANGE
REVENUES							
Local Funds:							
City of Austin	\$ 376,491	5.85%	\$ -	0.00%	\$ 376,491	\$ 376,491	\$ -
Travis County	\$ 870,058	13.52%	\$ (382,414)	-30.53%	\$ 1,029,765	\$ 1,252,472	\$ 222,707
Client Fees, Rents, & Insurance	\$ 81,959	1.27%	\$ 12,444	17.90%	\$ 69,515	\$ 69,515	\$ -
Rental Income	\$ 3,808	0.06%	\$ (10,429)	-73.25%	\$ 14,237	\$ 14,237	\$ -
Other Local	\$ 473,187	7.35%	\$ -	0.00%	\$ 297,236	\$ 473,187	\$ 175,951
Total Local Funds	\$ 1,805,503	28.06%	\$ (380,399)	-17.40%	\$ 1,787,244	\$ 2,185,902	\$ 398,658
State Funds:							
DSHS Mental Health	\$ 2,114,508	32.86%	\$ (153,379)	-6.76%	\$ 2,213,101	\$ 2,267,887	\$ 54,786
DSHS Substance Abuse	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
DADS	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
TCOOMMI	\$ 428,390	6.66%	\$ -	0.00%	\$ 342,253	\$ 428,390	\$ 86,137
DARS (Early Childhood Intervention)	\$ 1,169,107	18.17%	\$ 63,553	5.75%	\$ 1,105,554	\$ 1,105,554	\$ -
Other State	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Total State Funds	\$ 3,712,005	57.69%	\$ (89,826)	-2.36%	\$ 3,660,908	\$ 3,801,831	\$ 140,923
Federal Funds:							
Medicare/Medicaid/STAR/CHIP	\$ 917,321	14.26%	\$ 102,121	12.53%	\$ 802,283	\$ 815,200	\$ 12,917
HCS / Tx Hm Lvg Waiver	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other Federal	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Total Federal Funds	\$ 917,321	14.26%	\$ 102,121	12.53%	\$ 802,283	\$ 815,200	\$ 12,917
TOTAL REVENUES	\$ 6,434,829	100.00%	\$ (368,104)	-5.41%	\$ 6,250,435	\$ 6,802,933	\$ 552,498
EXPENDITURES							
Salaries	\$ 3,466,315	53.87%	\$ (79,341)	-2.24%	\$ 3,433,665	\$ 3,545,656	\$ 111,991
Fringe Benefits	\$ 1,128,323	17.53%	\$ 65,855	6.20%	\$ 1,036,172	\$ 1,062,468	\$ 26,296
Travel \ Workshop	\$ 166,814	2.59%	\$ (4,498)	-2.63%	\$ 162,106	\$ 171,312	\$ 9,206
Prescription Drugs and Medication	\$ -	0.00%	\$ (1,325)	-100.00%	\$ 1,325	\$ 1,325	\$ -
Consumable Supplies	\$ 19,756	0.31%	\$ 4,317	27.96%	\$ 14,133	\$ 15,439	\$ 1,306
Contracted Services	\$ 1,051,012	16.33%	\$ (374,755)	-26.28%	\$ 1,029,095	\$ 1,425,767	\$ 396,672
Capital Outlay	\$ 41,994	0.65%	\$ (8,868)	-17.44%	\$ 48,960	\$ 50,862	\$ 1,902
Furniture & Equipment	\$ 57,264	0.89%	\$ 7,697	15.53%	\$ 47,756	\$ 49,567	\$ 1,811
Facility \ Telephone \ Utility	\$ 271,608	4.22%	\$ (28,846)	-9.60%	\$ 297,855	\$ 300,454	\$ 2,599
Insurance Costs	\$ 9,750	0.15%	\$ (1,471)	-13.11%	\$ 11,146	\$ 11,221	\$ 75
Vehicle Costs	\$ -	0.00%	\$ (130)	-100.00%	\$ 130	\$ 130	\$ -
Professional Fees	\$ 29	0.00%	\$ (64)	-68.82%	\$ 13	\$ 93	\$ 80
Other Operating Costs	\$ 26,234	0.41%	\$ (3,500)	-11.77%	\$ 29,174	\$ 29,734	\$ 560
Client Support Costs	\$ 195,730	3.04%	\$ 56,825	40.91%	\$ 138,905	\$ 138,905	\$ -
TOTAL EXPENDITURES	\$ 6,434,829	100.00%	\$ (368,104)	-5.41%	\$ 6,250,435	\$ 6,802,933	\$ 552,498
TOTAL FTE'S	81.78		(2.12)	-2.53%	81.90	83.90	2.00



AUSTIN TRAVIS COUNTY MHMR CENTER FY 2010 BUDGET PLAN

BUDGET ASSUMPTIONS

- Continue to refine fee-for-service methodology.
- Implement changes to contract requirements related to Resiliency and Disease Management (RDM) to achieve maximum fidelity to service models.
- Implement 1915-c Medicaid Waiver Pilot (Youth Empowerment Services) for children with complex mental health challenges.
- Continue support to the Travis County Children's Partnership through care coordination and the Integrated Fund Pool.

Child and Family Services
Goal 1: Asserts the critical nature of promoting independence and fostering resiliency when having control and making choices over every day and major life decisions. To encourage these efforts and to help bring about positive results, the Center focuses on being responsive to the needs of individuals and their families through services that are accessible and have proven to be successful.
Promote independence through accessible, culturally competent, and effective therapeutic services and supports, responsive to the individual's needs and preferences.
Continue to support Best Practices models for Child and Family Services with full integration of the Resiliency and Disease Management (RDM), and the Travis County Children's Partnership wraparound service models and requirements to the extent possible.
Child and Family Services will continue to include consumer, family, and customer input in planning, implementing, and evaluating treatment, support, and management services.
Goal 2: Acknowledges that the central and driving force of the Center's programs and services is its competent and compassionate work force. The commitment to high quality services requires an investment in training and ongoing professional growth opportunities; the maintenance, retention and recognition of staff excellence; and a commitment to cooperation and collaboration, both within the agency and with community partners, to achieve the goals.



Child and Family Services will continue providing opportunities for professional growth for staff to achieve ongoing competence in areas of staff expertise, management, cultural competence, and supervisory and technical support skills.

Ongoing collaboration and facilitation of communications to improve key processes to maximize utilization of accurate, current, and consistent information to encourage effective decision making is highly promoted in Child and Family Services. This will be especially important as the Center moves forward in the development and implementation of the Local Network and Development Plan.

Child and Family Services values and will continue to provide ongoing support to the Center's Employee Recognition Program to ensure that staff are recognized and valued for their efforts, talents, dedication, and major contributions to the Center's consumers.

Goal 3: Describes the thoughtful and responsible administration and management of resources entrusted to the Center. This includes the ability and commitment of everyone to be efficient and productive in the execution of day-to-day activities and the capability of adapting successfully to an ever-changing environment.

Child and Family Services will continue to provide strategic leadership to ensure strong future presence and sustainability in providing children's behavioral health services in Travis County. Creative and innovative service models that include the integration of behavioral health services and children's primary healthcare show tremendous promise in maximizing program and financial efficiencies.

The Child and Family Services Division will continue to diversify its funding base to meet the needs of consumers, families, and children. Implementation of the 1915-c Medicaid Waiver for Children with complex mental health challenges, offers an excellent opportunity for flexible funding structures that will accommodate the changing needs of families and children in Travis County.

Child and Family Services will continue performance monitoring on all service contracts (e.g., DSHS, TCOOMMI, AISD, Travis County HHS, Travis County Juvenile Probation), for maximum fidelity to service models, maximizing revenue earnings, and meeting or exceeding contract performance targets.

Goal 4: Demonstrates the community's expectation for and the Center's acceptance of its role in and commitment to being the champion and voice of those people served by its mission. Active community education, strong advocacy in areas that will improve lives, and joining with others to eradicate stigma will direct energy to and focus on the achievement of a caring and healthy community.



Child and Family Services continues to develop and expand resources and partnerships with families and community stakeholder groups in championing and advocating for a strong voice in addressing emerging issues of consumer behavioral healthcare.

Develop and expand formal agreements with community organizations, partners, and family support groups to improve the quality and availability of community behavioral healthcare resources for children and families.

Continue strategic planning efforts with the Child and Youth Mental Health Planning Partnership:

- ✓ to provide leadership in educating the community about children's mental health,
- ✓ to eliminate the stigma associated with mental health issues, reduce service gaps, and
- ✓ create opportunities for collaborative arrangements to expand access for children's behavioral health in Travis County.



**AUSTIN TRAVIS COUNTY MHRM CENTER
FISCAL YEAR 2010 PROPOSED BUDGET
DEVELOPMENTAL DISABILITIES SERVICES**

	FY 2010 ANNUAL BUDGET	PERCENT OF TOTAL	CHANGE FY 2009 CURRENT	PERCENT BUDGET CHANGE	FY 2009 ORIGINAL BUDGET	FY 2009 CURRENT BUDGET	FY 2009 YTD BUDGET CHANGE
REVENUES							
Local Funds:							
City of Austin	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Travis County	\$ -	0.00%	\$ (15,671)	-100.00%	\$ -	\$ 15,671	\$ 15,671
Client Fees, Rents, & Insurance	\$ 98,391	1.60%	\$ 41,554	73.11%	\$ 56,837	\$ 56,837	\$ -
Rental Income	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other Local	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Total Local Funds	\$ 98,391	1.60%	\$ 25,883	35.70%	\$ 56,837	\$ 72,508	\$ 15,671
State Funds:							
DSHS Mental Health	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
DSHS Substance Abuse	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
DADS	\$ 3,574,527	58.15%	\$ (16,333)	-0.45%	\$ 3,348,511	\$ 3,590,860	\$ 242,349
TCOOMMI	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
DARS (Early Childhood Intervention)	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other State	\$ 37,356	0.61%	\$ 2,968	8.63%	\$ 34,388	\$ 34,388	\$ -
Total State Funds	\$ 3,611,883	58.76%	\$ (13,365)	-0.37%	\$ 3,382,899	\$ 3,625,248	\$ 242,349
Federal Funds:							
Medicare/Medicaid/STAR/CHIP	\$ 715,782	11.64%	\$ 370,264	107.16%	\$ 344,230	\$ 345,518	\$ 1,288
HCS / Tx Hm Lvg Waiver	\$ 1,720,765	27.99%	\$ (270,486)	-13.58%	\$ 1,988,251	\$ 1,991,251	\$ 3,000
Other Federal	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Total Federal Funds	\$ 2,436,547	39.64%	\$ 99,778	4.27%	\$ 2,332,481	\$ 2,336,769	\$ 4,288
TOTAL REVENUES	\$ 6,146,821	100.00%	\$ 112,296	1.86%	\$ 5,772,217	\$ 6,034,525	\$ 262,308
EXPENDITURES							
Salaries	\$ 2,902,673	47.22%	\$ 98,499	3.51%	\$ 2,677,246	\$ 2,804,174	\$ 126,928
Fringe Benefits	\$ 1,042,440	16.96%	\$ 124,868	13.61%	\$ 893,730	\$ 917,572	\$ 23,842
Travel \ Workshop	\$ 144,160	2.35%	\$ 20,242	16.33%	\$ 123,918	\$ 123,918	\$ -
Prescription Drugs and Medication	\$ -	0.00%	\$ (6,000)	-100.00%	\$ 6,000	\$ 6,000	\$ -
Consumable Supplies	\$ 37,201	0.61%	\$ 10,168	37.61%	\$ 27,033	\$ 27,033	\$ -
Contracted Services	\$ 1,569,988	25.54%	\$ (3,486)	-0.22%	\$ 1,461,936	\$ 1,573,474	\$ 111,538
Capital Outlay	\$ 44,351	0.72%	\$ (8,749)	-16.48%	\$ 53,100	\$ 53,100	\$ -
Furniture & Equipment	\$ 39,496	0.64%	\$ 10,230	34.96%	\$ 29,266	\$ 29,266	\$ -
Facility \ Telephone \ Utility	\$ 188,141	3.06%	\$ 627	0.33%	\$ 187,514	\$ 187,514	\$ -
Insurance Costs	\$ 12,515	0.20%	\$ (1,337)	-9.65%	\$ 13,852	\$ 13,852	\$ -
Vehicle Costs	\$ 19,386	0.32%	\$ (6,567)	-25.30%	\$ 25,953	\$ 25,953	\$ -
Professional Fees	\$ -	0.00%	\$ (8)	-100.00%	\$ 8	\$ 8	\$ -
Other Operating Costs	\$ 21,722	0.35%	\$ (2,037)	-8.57%	\$ 23,759	\$ 23,759	\$ -
Client Support Costs	\$ 124,748	2.03%	\$ (124,154)	-49.88%	\$ 248,902	\$ 248,902	\$ -
TOTAL EXPENDITURES	\$ 6,146,821	100.00%	\$ 112,296	1.86%	\$ 5,772,217	\$ 6,034,525	\$ 262,308
TOTAL FTE'S	92.51		1.83	2.02%	89.61	90.68	1.07



AUSTIN TRAVIS COUNTY MHRM CENTER FY 2010 BUDGET PLAN

BUDGET ASSUMPTIONS

- Anticipates transfer of Home and Community-Based Services (HCS) case management function to local mental retardation authority.
- Emphasize essential, best value services; core supports (e.g. intake and eligibility services, service coordination, family support, behavioral support for children with Autism and respite).
- Investigate grant/contract opportunities that enhance collaboration and address the Center's strategic plan.
- Participation in the development of a coordinated system of access for aging and disability services through the community round tables.
- Enroll approximately (40) individuals who will be offered services in the Home and Community Based Waiver Program (HCS).
- Prepare for redistribution of HCS administration and operation fees.

Developmental Disabilities Services
Goal 1: Asserts the critical nature of promoting independence and fostering resiliency when having control and making choices over every day and major life decisions. To encourage these efforts and to help bring about positive results, the Center focuses on being responsive to the needs of individuals and their families through services that are accessible and have proven to be successful.
Maintain the Interagency agreement with the University of Texas at Austin Department of Special Education to use doctoral research assistants and master's level interns to develop a community based best practice model for behavioral intervention services for children and adults with Autism.
Develop community-based day training program designed to serve individuals with multiple support needs.
Obtain Medicare number for the Center's Home Health Program to expand services to individuals who are aging, have physical disabilities or in need of personal assistance services.
Goal 2: Acknowledges that the central and driving force of the Center's



programs and services is its competent and compassionate work force. The commitment to high quality services requires an investment in training and ongoing professional growth opportunities; the maintenance, retention and recognition of staff excellence; and a commitment to cooperation and collaboration, both within the agency and with community partners, to achieve the goals.

Develop a specialized team that will expand services to individuals with autism.

Enhance staff competency through best practice training in the areas of aging, service planning, corporate compliance and positive behavioral supports.

Goal 3: Describes the thoughtful and responsible administration and management of resources entrusted to the Center. This includes the ability and commitment of everyone to be efficient and productive in the execution of day-to-day activities and the capability of adapting successfully to an ever-changing environment.

Work collaboratively with the three front door partners of DADS and other stakeholders to develop a proposal for funding of an Aging and Disability Resource Center (ADRC) in the future.

Goal 4: Demonstrates the community's expectation for and the Center's acceptance of its role in and commitment to being the champion and voice of those people served by its mission. Active community education, strong advocacy in areas that will improve lives, and joining with others to eradicate stigma will direct energy to and focus on the achievement of a caring and healthy community.

In collaboration with other community based organizations, the division will sponsor seminars, for families and professionals concerning specific consumer care issues, with the University of Texas Department of Special Education.



**AUSTIN TRAVIS COUNTY MHMR CENTER
FISCAL YEAR 2010 PROPOSED BUDGET
MH CRISIS SERVICES**

	FY 2010 ANNUAL BUDGET	PERCENT OF TOTAL	CHANGE FY 2009 CURRENT	PERCENT BUDGET CHANGE	FY 2009 ORIGINAL BUDGET	FY 2009 CURRENT BUDGET	FY 2009 YTD BUDGET CHANGE
REVENUES							
Local Funds:							
City of Austin	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Travis County	\$ 449,073	5.39%	\$ 26,688	6.32%	\$ 400,000	\$ 422,385	\$ 22,385
Client Fees, Rents, & Insurance	\$ 6,213	0.07%	\$ 1,031	19.90%	\$ 5,182	\$ 5,182	\$ -
Rental Income	\$ 4,800	0.06%	\$ -	0.00%	\$ 4,800	\$ 4,800	\$ -
Other Local	\$ 237,703	2.86%	\$ (504,665)	-67.98%	\$ 519,000	\$ 742,368	\$ 223,368
Total Local Funds	\$ 697,789	8.38%	\$ (476,946)	-40.60%	\$ 928,982	\$ 1,174,735	\$ 245,753
State Funds:							
DSHS Mental Health	\$ 6,997,652	84.06%	\$ (57,887)	-0.82%	\$ 7,033,476	\$ 7,055,539	\$ 22,063
DSHS Substance Abuse	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
DADS	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
TCOOMMI	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
DARS (Early Childhood Intervention)	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other State	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Total State Funds	\$ 6,997,652	84.06%	\$ (57,887)	-0.82%	\$ 7,033,476	\$ 7,055,539	\$ 22,063
Federal Funds:							
Medicare/Medicaid/STAR/CHIP	\$ 628,971	7.56%	\$ (18,391)	-2.84%	\$ 647,362	\$ 647,362	\$ -
HCS / Tx Hm Lvg Waiver	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other Federal	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Total Federal Funds	\$ 628,971	7.56%	\$ (18,391)	-2.84%	\$ 647,362	\$ 647,362	\$ -
TOTAL REVENUES	\$ 8,324,412	100.00%	\$ (553,224)	-6.23%	\$ 8,609,820	\$ 8,877,636	\$ 267,816
EXPENDITURES							
Salaries	\$ 3,540,520	42.53%	\$ 194,086	5.80%	\$ 3,367,270	\$ 3,346,434	\$ (20,836)
Fringe Benefits	\$ 1,012,580	12.16%	\$ 107,164	11.84%	\$ 908,111	\$ 905,416	\$ (2,695)
Travel \ Workshop	\$ 41,972	0.50%	\$ (895)	-2.09%	\$ 42,867	\$ 42,867	\$ -
Prescription Drugs and Medication	\$ 2,500	0.03%	\$ (96,218)	-97.47%	\$ 235,749	\$ 98,718	\$ (137,031)
Consumable Supplies	\$ 31,392	0.38%	\$ 1,693	5.70%	\$ 29,699	\$ 29,699	\$ -
Contracted Services	\$ 2,960,252	35.56%	\$ (726,703)	-19.71%	\$ 3,258,577	\$ 3,686,955	\$ 428,378
Capital Outlay	\$ 90,103	1.08%	\$ 31,189	52.94%	\$ 58,914	\$ 58,914	\$ -
Furniture & Equipment	\$ 45,655	0.55%	\$ 9,265	25.46%	\$ 36,390	\$ 36,390	\$ -
Facility \ Telephone \ Utility	\$ 442,154	5.31%	\$ (53,359)	-10.77%	\$ 495,513	\$ 495,513	\$ -
Insurance Costs	\$ 17,050	0.20%	\$ (1,058)	-5.84%	\$ 18,108	\$ 18,108	\$ -
Vehicle Costs	\$ 15,511	0.19%	\$ (37,998)	-71.01%	\$ 53,509	\$ 53,509	\$ -
Professional Fees	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other Operating Costs	\$ 19,001	0.23%	\$ (13,049)	-40.71%	\$ 32,050	\$ 32,050	\$ -
Client Support Costs	\$ 105,722	1.27%	\$ 32,659	44.70%	\$ 73,063	\$ 73,063	\$ -
TOTAL EXPENDITURES	\$ 8,324,412	100.00%	\$ (553,224)	-6.23%	\$ 8,609,820	\$ 8,877,636	\$ 267,816
TOTAL FTE'S	76.50		(2.15)	-2.73%	73.80	78.65	4.85



AUSTIN TRAVIS COUNTY MHMR CENTER FY 2010 BUDGET PLAN

BUDGET ASSUMPTIONS

- Continuation of Crisis Redesign using established funds.
- Anticipate application for additional Crisis Redesign funds.
- Maintain current medical staff capacity.
- Maintain current Managed Care Operations staffing and capacity.
- Maximize use of cost reduction strategies for pharmaceuticals.

MH Crisis Services
Goal 1: Asserts the critical nature of promoting independence and fostering resiliency when having control and making choices over every day and major life decisions. To encourage these efforts and to help bring about positive results, the Center focuses on being responsive to the needs of individuals and their families through services that are accessible and have proven to be successful.
Develop UM Department that effectively determines appropriate use of resources.
Provide evidence-based disaster MH planning and treatment.
Maintain compliance with contracts and other legal requirements.
Goal 2: Acknowledges that the central and driving force of the Center's programs and services is its competent and compassionate work force. The commitment to high quality services requires an investment in training and ongoing professional growth opportunities; the maintenance, retention and recognition of staff excellence; and a commitment to cooperation and collaboration, both within the agency and with community partners, to achieve the goals.
Develop data providing relevant, practical data to Management Team (EMT, QLT).
Maintain informed/trained workforce in Deficit Reduction Act, confidentiality, documentation.
Ensure timely and relevant staff training and accreditation.



Encourage peer recovery activities in crisis services.
Recruit, retain, and supervise medical staff.
Goal 3: Describes the thoughtful and responsible administration and management of resources entrusted to the Center. This includes the ability and commitment of everyone to be efficient and productive in the execution of day-to-day activities and the capability of adapting successfully to an ever-changing environment.
Continue operation of UM Department that effectively determines appropriate use of resources.
Workforce Diversity – Participate in the Department's Affirmative Action Program to ensure that the employees represent the diverse ideas, cultures and thinking of the Divisions' hiring community.
Implement performance excellence throughout the Center's operations.
Continue effective operation of MH Crisis Re-Design plan including MCOT, Hotline, crisis respite and in-patient resources.
Evaluate telemedicine.
Goal 4: Demonstrates the community's expectation for and the Center's acceptance of its role in and commitment to being the champion and voice of those people served by its mission. Active community education, strong advocacy in areas that will improve lives, and joining with others to eradicate stigma will direct energy to and focus on the achievement of a caring and healthy community.
Direct Center activities related to interagency taskforces and community stakeholders.



**AUSTIN TRAVIS COUNTY MHMR CENTER
FISCAL YEAR 2010 PROPOSED BUDGET
PROGRAM SUPPORT**

	FY 2010 ANNUAL BUDGET	PERCENT OF TOTAL	CHANGE FY 2009 CURRENT	PERCENT BUDGET CHANGE	FY 2009 ORIGINAL BUDGET	FY 2009 CURRENT BUDGET	FY 2009 YTD BUDGET CHANGE
REVENUES							
Local Funds:							
City of Austin	\$ 233,890	13.04%	\$ (154,083)	-39.71%	\$ 369,068	\$ 387,973	\$ 18,905
Travis County	\$ 208,654	11.64%	\$ (228,872)	-52.31%	\$ 430,753	\$ 437,526	\$ 6,773
Client Fees, Rents, & Insurance	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Rental Income	\$ 9,403	0.52%	\$ 9,403	-	\$ -	\$ -	\$ -
Other Local	\$ 134,051	7.48%	\$ (10,595)	-7.32%	\$ 159,630	\$ 144,646	\$ (14,984)
Total Local Funds	\$ 585,998	32.68%	\$ (384,147)	-39.60%	\$ 959,451	\$ 970,145	\$ 10,694
State Funds:							
DSHS Mental Health	\$ 747,904	41.71%	\$ 176,362	30.86%	\$ 596,902	\$ 571,542	\$ (25,360)
DSHS Substance Abuse	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
DADS	\$ 208,069	11.60%	\$ 16,333	8.52%	\$ 191,736	\$ 191,736	\$ -
TCOOMMI	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
DARS (Early Childhood Intervention)	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other State	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Total State Funds	\$ 955,973	53.32%	\$ 192,695	25.25%	\$ 788,638	\$ 763,278	\$ (25,360)
Federal Funds:							
Medicare/Medicaid/STAR/CHIP	\$ 250,987	14.00%	\$ 96,529	62.50%	\$ 154,458	\$ 154,458	\$ -
HCS / Tx Hm Lvg Waiver	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other Federal	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Total Federal Funds	\$ 250,987	14.00%	\$ 96,529	62.50%	\$ 154,458	\$ 154,458	\$ -
TOTAL REVENUES	\$ 1,792,958	100.00%	\$ (94,923)	-5.03%	\$ 1,902,547	\$ 1,887,881	\$ (14,666)
EXPENDITURES							
Salaries	\$ 1,081,976	60.35%	\$ (54,804)	-4.82%	\$ 1,148,199	\$ 1,136,780	\$ (11,419)
Fringe Benefits	\$ 345,679	19.28%	\$ 4,167	1.22%	\$ 343,143	\$ 341,512	\$ (1,631)
Travel \ Workshop	\$ 11,626	0.65%	\$ (1,904)	-14.07%	\$ 13,530	\$ 13,530	\$ -
Prescription Drugs and Medication	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Consumable Supplies	\$ 14,544	0.81%	\$ 78	0.54%	\$ 14,466	\$ 14,466	\$ -
Contracted Services	\$ 103,481	5.77%	\$ 19,766	23.61%	\$ 93,715	\$ 83,715	\$ (10,000)
Capital Outlay	\$ 16,288	0.91%	\$ (8,331)	-33.84%	\$ 24,619	\$ 24,619	\$ -
Furniture & Equipment	\$ 14,607	0.81%	\$ (1,313)	-8.25%	\$ 15,920	\$ 15,920	\$ -
Facility \ Telephone \ Utility	\$ 75,068	4.19%	\$ (14,230)	-15.94%	\$ 89,298	\$ 89,298	\$ -
Insurance Costs	\$ 2,924	0.16%	\$ (510)	-14.85%	\$ 3,434	\$ 3,434	\$ -
Vehicle Costs	\$ 28,095	1.57%	\$ (10,441)	-27.09%	\$ 38,536	\$ 38,536	\$ -
Professional Fees	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other Operating Costs	\$ 97,795	5.45%	\$ (27,591)	-22.00%	\$ 117,002	\$ 125,386	\$ 8,384
Client Support Costs	\$ 875	0.05%	\$ 190	27.74%	\$ 685	\$ 685	\$ -
TOTAL EXPENDITURES	\$ 1,792,958	100.00%	\$ (94,923)	-5.03%	\$ 1,902,547	\$ 1,887,881	\$ (14,666)
TOTAL FTE'S	22.92		(1.24)	-5.13%	24.41	24.16	(0.25)



**AUSTIN TRAVIS COUNTY MHRM CENTER
FISCAL YEAR 2010 PROPOSED BUDGET
COMMUNITY PLANNING & INITIATIVES**

	FY 2010 ANNUAL BUDGET	PERCENT OF TOTAL	CHANGE FY 2009 CURRENT	PERCENT BUDGET CHANGE	FY 2009 ORIGINAL BUDGET	FY 2009 CURRENT BUDGET	FY 2009 YTD BUDGET CHANGE
REVENUES							
Local Funds:							
City of Austin	\$ 304,450	82.14%	\$ 41,603	15.83%	\$ 104,072	\$ 262,847	\$ 158,775
Travis County	\$ -	0.00%	\$ (49,886)	-100.00%	\$ 49,886	\$ 49,886	\$ -
Client Fees, Rents, & Insurance	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Rental Income	\$ 43,193	11.65%	\$ (2,300)	-5.06%	\$ 45,493	\$ 45,493	\$ -
Other Local	\$ 23,000	6.21%	\$ (93,712)	-80.29%	\$ 116,712	\$ 116,712	\$ -
Total Local Funds	\$ 370,643	100.00%	\$ (104,295)	-21.96%	\$ 316,163	\$ 474,938	\$ 158,775
State Funds:							
DSHS Mental Health	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
DSHS Substance Abuse	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
DADS	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
TCOOMMI	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
DARS (Early Childhood Intervention)	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other State	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Total State Funds	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Federal Funds:							
Medicare/Medicaid/STAR/CHIP	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
HCS / Tx Hm Lvg Waiver	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other Federal	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Total Federal Funds	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
TOTAL REVENUES	\$ 370,643	100.00%	\$ (104,295)	-21.96%	\$ 316,163	\$ 474,938	\$ 158,775
EXPENDITURES							
Salaries	\$ 104,523	28.20%	\$ (13,187)	-11.20%	\$ 118,846	\$ 117,710	\$ (1,136)
Fringe Benefits	\$ 22,594	6.10%	\$ (433)	-1.88%	\$ 23,189	\$ 23,027	\$ (162)
Travel \ Workshop	\$ 20,280	5.47%	\$ 12,785	170.58%	\$ 7,495	\$ 7,495	\$ -
Prescription Drugs and Medication	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Consumable Supplies	\$ 1,864	0.50%	\$ (647)	-25.77%	\$ 2,511	\$ 2,511	\$ -
Contracted Services	\$ 5,401	1.46%	\$ (18,297)	-77.21%	\$ 22,400	\$ 23,698	\$ 1,298
Capital Outlay	\$ 10,602	2.86%	\$ (1,537)	-12.66%	\$ 12,139	\$ 12,139	\$ -
Furniture & Equipment	\$ 745	0.20%	\$ 206	38.22%	\$ 539	\$ 539	\$ -
Facility \ Telephone \ Utility	\$ 85,540	23.08%	\$ 51,001	147.66%	\$ 34,539	\$ 34,539	\$ -
Insurance Costs	\$ 2,081	0.56%	\$ (188)	-8.29%	\$ 2,269	\$ 2,269	\$ -
Vehicle Costs	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Professional Fees	\$ -	0.00%	\$ (86,775)	-100.00%	\$ -	\$ 86,775	\$ 86,775
Other Operating Costs	\$ 117,013	31.57%	\$ (46,723)	-28.54%	\$ 91,736	\$ 163,736	\$ 72,000
Client Support Costs	\$ -	0.00%	\$ (500)	-100.00%	\$ 500	\$ 500	\$ -
TOTAL EXPENDITURES	\$ 370,643	100.00%	\$ (104,295)	-21.96%	\$ 316,163	\$ 474,938	\$ 158,775
TOTAL FTE'S	1.30		(0.46)	-26.14%	1.50	1.76	0.26



**AUSTIN TRAVIS COUNTY MHRM CENTER
FISCAL YEAR 2010 PROPOSED BUDGET
AUTHORITY / ADMINISTRATION SUPPORT SERVICES**

	FY 2010 ANNUAL BUDGET	PERCENT OF TOTAL	CHANGE FY 2009 CURRENT	PERCENT BUDGET CHANGE	FY 2009 ORIGINAL BUDGET	FY 2009 CURRENT BUDGET	FY 2009 YTD BUDGET CHANGE
REVENUES							
Local Funds:							
City of Austin	\$ 1,103,870	18.67%	\$ 88,010	8.66%	\$ 1,002,941	\$ 1,015,860	\$ 12,919
Travis County	\$ 664,856	11.24%	\$ 197,003	42.11%	\$ 365,409	\$ 467,853	\$ 102,444
Client Fees, Rents, & Insurance	\$ 6,186	0.10%	\$ (955)	-13.37%	\$ 7,141	\$ 7,141	\$ -
Rental Income	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Other Local	\$ 186,111	3.15%	\$ (177,048)	-48.75%	\$ 354,883	\$ 363,159	\$ 8,276
Total Local Funds	\$ 1,961,023	33.17%	\$ 107,010	5.77%	\$ 1,730,374	\$ 1,854,013	\$ 123,639
State Funds:							
DSHS Mental Health	\$ 1,791,806	30.30%	\$ (6,763)	-0.38%	\$ 1,789,087	\$ 1,798,569	\$ 9,482
DSHS Substance Abuse	\$ 197,644	3.34%	\$ -	0.00%	\$ 197,188	\$ 197,644	\$ 456
DADS	\$ 420,288	7.11%	\$ -	0.00%	\$ 408,483	\$ 420,288	\$ 11,805
TCOOMMI	\$ 117,932	1.99%	\$ 1,595	1.37%	\$ 109,077	\$ 116,337	\$ 7,260
DARS (Early Childhood Intervention)	\$ 159,037	2.69%	\$ -	0.00%	\$ 159,037	\$ 159,037	\$ -
Other State	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Total State Funds	\$ 2,686,707	45.44%	\$ (5,168)	-0.19%	\$ 2,662,872	\$ 2,691,875	\$ 29,003
Federal Funds:							
Medicare/Medicaid/STAR/CHIP	\$ 1,015,966	17.18%	\$ 61,579	6.45%	\$ 954,387	\$ 954,387	\$ -
HCS / Tx Hm Lvg Waiver	\$ 190,199	3.22%	\$ (22,632)	-10.63%	\$ 212,831	\$ 212,831	\$ -
Other Federal	\$ 58,826	0.99%	\$ 13,961	31.12%	\$ 29,813	\$ 44,865	\$ 15,052
Total Federal Funds	\$ 1,264,991	21.39%	\$ 52,908	4.37%	\$ 1,197,031	\$ 1,212,083	\$ 15,052
TOTAL REVENUES	\$ 5,912,721	100.00%	\$ 154,750	2.69%	\$ 5,590,277	\$ 5,757,971	\$ 167,694
EXPENDITURES							
Salaries	\$ 3,637,096	61.51%	\$ 72,154	2.02%	\$ 3,420,507	\$ 3,564,942	\$ 144,435
Fringe Benefits	\$ 1,064,179	18.00%	\$ 93,938	9.68%	\$ 946,189	\$ 970,241	\$ 24,052
Travel \ Workshop	\$ 37,743	0.64%	\$ 252	0.67%	\$ 37,491	\$ 37,491	\$ -
Prescription Drugs and Medication	\$ -	0.00%	\$ -	-	\$ -	\$ -	\$ -
Consumable Supplies	\$ 63,775	1.08%	\$ 7,467	13.26%	\$ 56,308	\$ 56,308	\$ -
Contracted Services	\$ 62,959	1.06%	\$ (32,520)	-34.06%	\$ 50,170	\$ 95,479	\$ 45,309
Capital Outlay	\$ 59,422	1.00%	\$ 789	1.35%	\$ 58,633	\$ 58,633	\$ -
Furniture & Equipment	\$ 114,452	1.94%	\$ 11,804	11.50%	\$ 102,648	\$ 102,648	\$ -
Facility \ Telephone \ Utility	\$ 494,749	8.37%	\$ 18,308	3.84%	\$ 476,441	\$ 476,441	\$ -
Insurance Costs	\$ 46,395	0.78%	\$ (2,606)	-5.32%	\$ 49,001	\$ 49,001	\$ -
Vehicle Costs	\$ 7,044	0.12%	\$ (1,011)	-12.55%	\$ 8,055	\$ 8,055	\$ -
Professional Fees	\$ 144,848	2.45%	\$ (12,673)	-8.05%	\$ 157,521	\$ 157,521	\$ -
Other Operating Costs	\$ 178,890	3.03%	\$ (933)	-0.52%	\$ 225,925	\$ 179,823	\$ (46,102)
Client Support Costs	\$ 1,169	0.02%	\$ (219)	-15.78%	\$ 1,388	\$ 1,388	\$ -
TOTAL EXPENDITURES	\$ 5,912,721	100.00%	\$ 154,750	2.69%	\$ 5,590,277	\$ 5,757,971	\$ 167,694
TOTAL FTE'S	71.90		(0.82)	-1.13%	69.62	72.72	3.10



AUSTIN TRAVIS COUNTY MHMR CENTER FY 2010 BUDGET PLAN

BUDGET ASSUMPTIONS

- Examine opportunities for operational efficiency by proper introduction of information technology.
- Develop long term funding relationships with foundations.
- Examine opportunities to move Center to a “Green” profile.
- Expand the production of print and electronic communication media.
- Increase efficiency of communications department by streamlining operational processes and greater use of technology.
- Increase consumer choice through the expansion of network services.

AUTHORITY/ADMINISTRATION SUPPORT SERVICES
Goal 1: Asserts the critical nature of promoting independence and fostering resiliency when having control and making choices over every day and major life decisions. To encourage these efforts and to help bring about positive results, the Center focuses on being responsive to the needs of individuals and their families through services that are accessible and have proven to be successful.
Cultural Competency – Participate in organization-wide effort to design, implement, and evaluate socially, culturally and linguistically competent service delivery systems: <ol style="list-style-type: none">1. Expand the production of Spanish-language publications to meet community needs.2. Establish long-term goals and objectives for consumer care in a culturally sensitive environment that honor cultural beliefs, practices and preferred language.3. Establish communication standards for individuals with hearing and sight impairments at meetings, agendas, forums, on website, etc.4. Expand and develop community events that equitably represent segments of the County population (age, ethnicity, socio-economic, etc.)
Branding - Execute branding campaign to reflect outcomes of branding evaluation to consumers and established target audiences <ol style="list-style-type: none">1. Unveil newly developed and board approved branding components for ATCMHMR including of agency name, logo and colors through a major public relations and educational anti-stigma campaign.



Electronic and Interactive Communications – Identify, develop and expand communication tools and media including:

1. Complete ATCMHMR website redesign that incorporates branding objectives that includes a variety of operational enhancements such as a new employment application system and recruitment tool that is user-friendly EEOC compliant.
2. Establish an e-newsletter for *Focus*
3. Continue the development of various online constituent databases for targeted marketing
4. Develop customized and interactive online tools for consumers and individuals seeking knowledge on behavioral health issues
5. Expand external communication opportunities through various publications such as *Transparencies*

Develop information and provide forum for consumers to choose from among providers who apply to participate in the network for behavioral health services.

Goal 2: Acknowledges that the central and driving force of the Center's programs and services is its competent and compassionate work force. The commitment to high quality services requires an investment in training and ongoing professional growth opportunities; the maintenance, retention and recognition of staff excellence; and a commitment to cooperation and collaboration, both within the agency and with community partners, to achieve the goals.

Implement on-line timesheet reporting to increase operational efficiencies over paper routing.

Incorporate communications as a component of NEO training (both technical and service).

Provide ongoing leadership training presentations to staff as part of ATCMHMR's efforts to assist employees in improving job-related skills and climbing career ladders.

Perform a comprehensive review of benefits offered to ATCMHMR employees to ensure benefits are being paid within Board of Trustees guidelines.

Complete implementation of the salary-related portion of the classification compensation recommendations in accordance with the Center's Board of Trustees Policy, with the following goals:

- All employees are initially compensated at the applicable midpoint of the midrange of the 2006 State Auditor's Office Salary Schedules.
- No later than the beginning of FY2011, all employees are compensated at the midpoint of the midrange of the most recent State Auditor's Office Salary



Schedule that can reasonably be accommodated within the Center's approved budget.
Goal 3: Describes the thoughtful and responsible administration and management of resources entrusted to the Center. This includes the ability and commitment of everyone to be efficient and productive in the execution of day-to-day activities and the capability of adapting successfully to an ever-changing environment.
Implementation of AZ Central Assessment Treatment Plan Version 3.
Upgrade the Citrix/Terminal Server Farm.
Convert AZ Central Data to Microsoft SQL.
Update the Center's Storage Area Network.
Strategically align information technology improvements to cost effectively embrace emerging industry offerings.
Complete the renovations of Next Step and expand facility to full capacity.
Complete renovations of 403 E. 15 th Street to accommodate OCRP and Project Recovery allowing for expansion of Next Step at its current location.
Continue the transition of floor coverings to "green" floor coverings to reduce maintenance expenses and improve Indoor Air Quality (IAQ).
Support the capital campaign of New Milestones Foundation to assist in acquisition of new facilities.
Introduce and make application for infrastructure improvements from large foundations.
Internal Communications – Continue the development and enforcement of effective systemic internal communication processes on: <ul style="list-style-type: none">• Communication and event requests• Board and Management updates• Updates and creation of policies and procedures
Work with software vendor to allow for the electronic submission of claims to improve efficiency in claims management.
Goal 4: Demonstrates the community's expectation for and the Center's

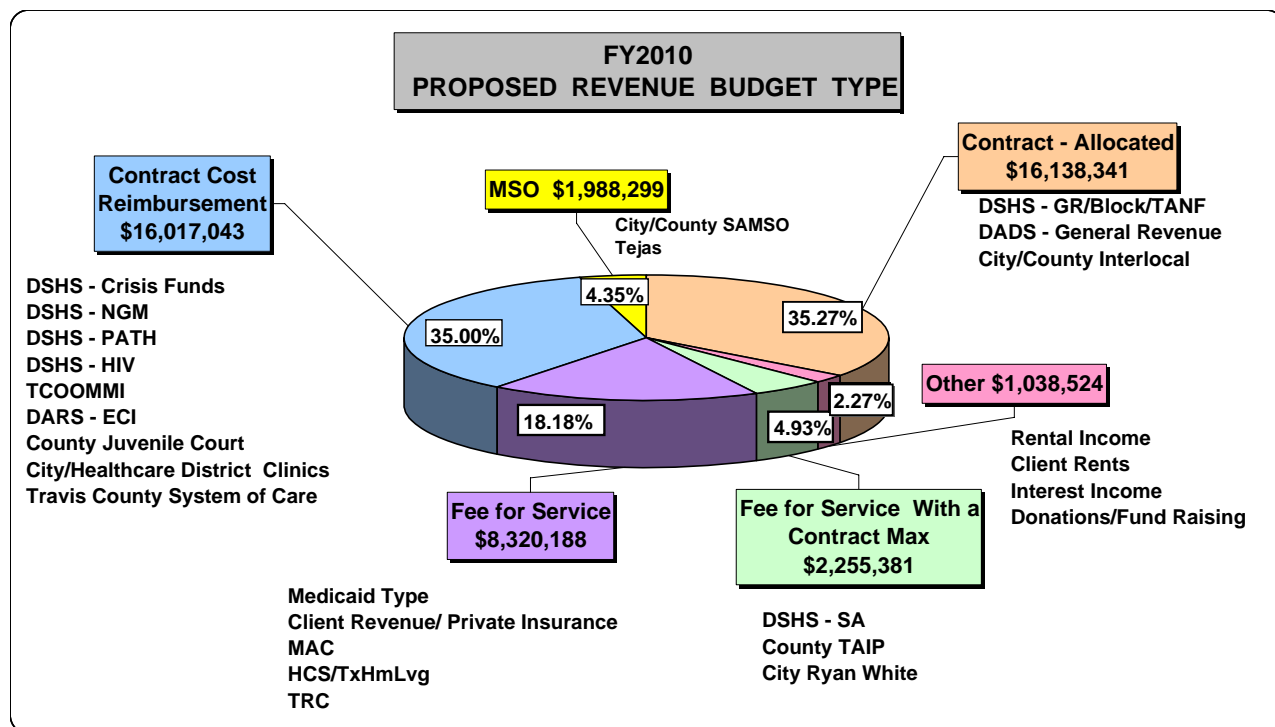


acceptance of its role in and commitment to being the champion and voice of those people served by its mission. Active community education, strong advocacy in areas that will improve lives, and joining with others to eradicate stigma will direct energy to and focus on the achievement of a caring and healthy community.
Maximize and develop ATCMHMR's leadership role in community initiatives, programs, collaborations and partnerships through events, committee work and publicity. This includes but is not limited to the continued strategic alignment with existing partner organizations: <ul style="list-style-type: none">• Central Texas African American Family Support Conference• Community Action Network• Mayor's Mental Health Task Force Monitoring Committee• New Milestones Foundation• Planning and Network Advisory Committee
Install solar photovoltaic panels at 403 E. 15 th Street.
Transition cleaning services to a "green" cleaning service provider.
Continue to transition the Heat, Ventilation, and Air Conditioning (HVAC) systems to the new 410A refrigerant.
Benchmark the Center's commercial portfolio energy use utilizing the Energy Star portfolio manager.
Enroll in Managed Care provider Networks to assist our consumers in minimizing cost of service provision.
Expand and refine advocacy and mediation services for consumers and providers: <ul style="list-style-type: none">• Modernize and streamline operations in the consumer rights office• Develop consumer advocacy materials• Supporting the successful transition involved with the local planning and network development plan.
Work with community partners to develop a community dashboard and refine and track indicators.

Appendix



AUSTIN TRAVIS COUNTY MHRM CENTER FY2010 PROPOSED REVENUE BUDGET BY TYPE OF FUNDING



Contract - Allocated are state General Revenue, MH Block and City / County Interlocal funds. The General Revenue and MH Block funds are to provide local authority functions and ensure the provision of mental health and developmental disability services to consumers who meet the criteria of the priority population. The City / County Interlocal provides required local match to General Revenue and MH Block funds.

Cost Reimbursement Contracts include a specified line item budget for stipulated services. Funds are reimbursed after the Center has incurred the expense.

Contract Max - Fee for Service revenue is earned after a defined unit of service is rendered at a specified rate of pay to a prescribed population. The revenue earned cannot exceed the total amount of the contract.

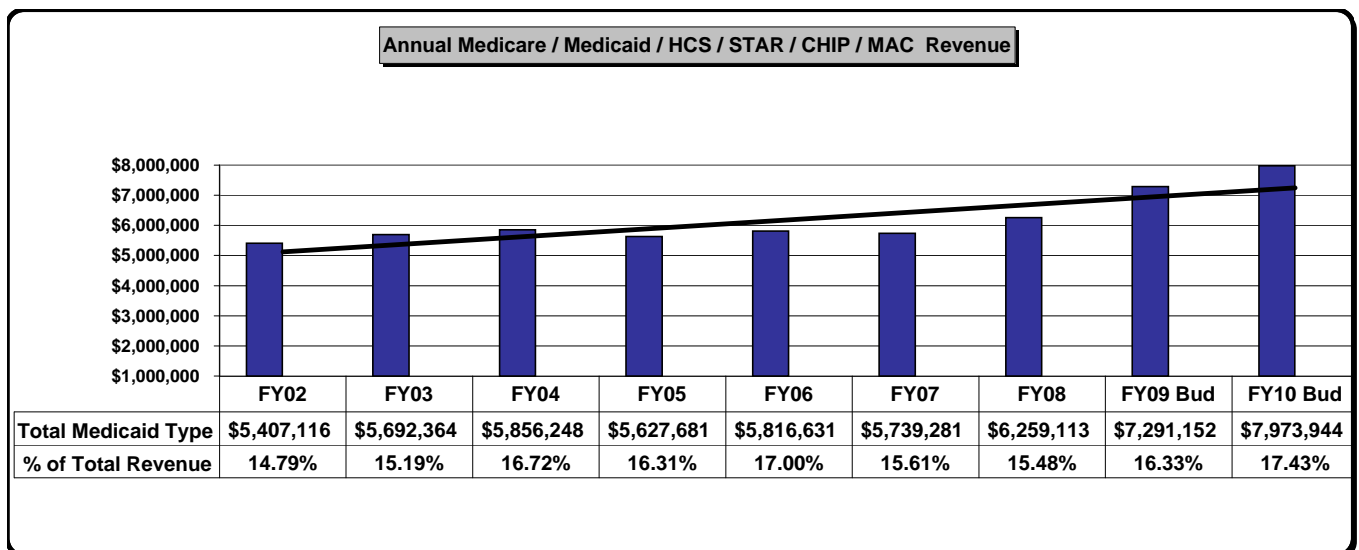
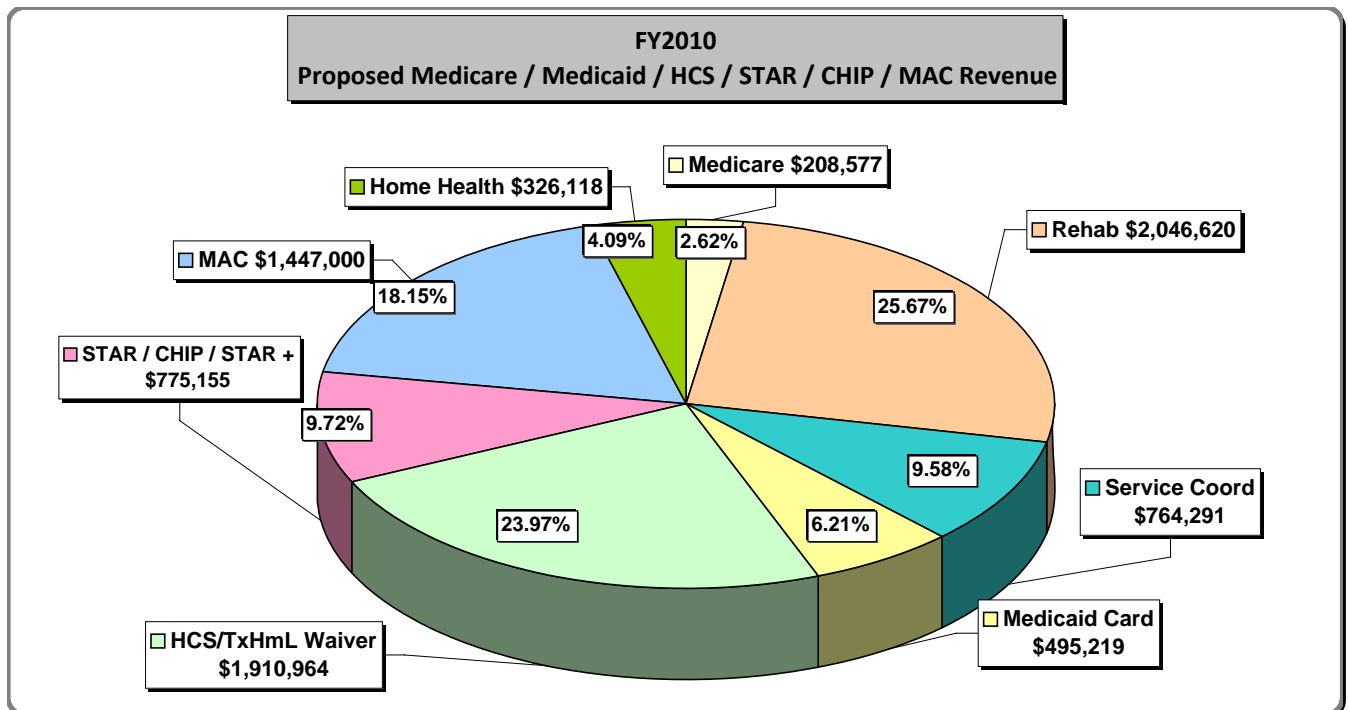
Fee for Service revenue is earned after a defined unit of service is rendered at a specified rate of pay to consumers who qualify for the benefit plan. The revenue earned is not limited except for settle-up for Rehab and Service Coordination up to 125% of cost.

MSO funds are received for managing service delivery contracts and paying contract service providers. The MSO functions include network development, utilization management, credentialing, claims payment and risk management.

Other includes all other type funding, including rental income, client rents, interest income.



AUSTIN TRAVIS COUNTY MHMR CENTER MEDICARE / MEDICAID / HCS / STAR / CHIP / MAC REVENUE



Type	FY2010 Budget	FY2009 Budget	Change
Medicare	\$208,577	\$374,030	(\$165,453)
Rehab	\$2,046,620	\$1,386,663	\$659,957
Service Coord / Case Mgmt	\$764,291	\$732,027	\$32,264
Medicaid Card	\$495,219	\$597,438	(\$102,219)
HCS/TxHmL Waiver	\$1,910,964	\$2,201,082	(\$290,118)
STAR / CHIP / STAR +	\$775,155	\$717,393	\$57,762
MAC	\$1,447,000	\$1,282,519	\$164,481
Home Health	\$326,118	\$0	\$326,118
Total	\$7,973,944	\$7,291,152	\$682,792



Budget Forums FY 2010

Goal 1: Asserts the critical nature of promoting independence and fostering resiliency when having control and making choices over every day and major life decisions. To encourage these efforts and to help bring about positive results, the Center focuses on being responsive to the needs of individuals and their families through services that are accessible and have proven to be successful.	
Input: VOICE/Consumer Council Forum	Responses
More money for consumers to attend conferences.	The FY2010 budget will contain money to support consumers for conferences, however, an increase is not expected since revenues have not increased.
Input: Employee Forums	
Stay closer to consumer to save mileage.	Some staff are mainly mobile workers now. It is expensive to open new offices.
Watch grocery budget & minimize excessive purchasing.	Noted.
Can we work closer together in our programs on internal communication (problem solving)?	Noted.
Can we train on "Key Phrases" when interfacing with MH Deputies, etc.?	We work closely with law enforcement and meet with them regularly to insure our communications at the client level as well as organizationally are maintained.
Integrate wellness programs for our consumers.	We have applied for a federal grant that, if funded, will include a wellness focus.
Input: Planning and Network Advisory Committee (PNAC) Forum	
Need for more nursing	We're fortunate to have a strong nursing staff at the Center. Programmatically, we have the nursing positions needed to deliver strong clinical care.



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Focus on aging caregivers in DD field.	Noted.
How are we expanding services to families?	Funding has not been forthcoming to expand services to families. We must continue to focus on the direct consumer.
Expanding use for volunteers.	The full time volunteer coordinator has greatly expanded the use of volunteers and will continue her efforts in FY2010.
Input: Community Forum	
Advocate for housing first.	Noted.



Goal 2: Acknowledges that the central and driving force of the Center's programs and services is its competent and compassionate work force. The commitment to high quality services requires an investment in training and ongoing professional growth opportunities; the maintenance, retention and recognition of staff excellence; and a commitment to cooperation and collaboration, both within the agency and with community partners, to achieve the goals.	
Input: VOICE/Consumer Council Forum	Responses
No Comments.	
Input: Employee Forums	
If health care costs go up, will salaries rise to offset?	<p>All Center positions are assigned a placement in the Texas State Auditor's salary classification system, and there is no provision in the Center's Policies and Procedures for a salary increase based on cost of living changes such as a potential increase in health insurance costs.</p> <p>However, the Center continues efforts to maintain our very competitive employee benefits package. Affordability of health insurance in today's market is very challenging. The Employee Benefits Committee in conjunction with the Executive Management Team is addressing this issue as the FY2010 budget is developed.</p>
How do we address safety or crisis notification – via telephone alerts?	Via e-mails, telephone, and in person alerts.
Productivity standards may not be realistic on certain children caseloads and travel time requirements.	To gauge how we are meeting the revenue projections, it is essential that all direct care staff have productivity standards.
Look at vital statistics for retention, turnover, and training opportunities and needs.	The Human Resources Committee of the Board Of Trustees reviews these vital statistics quarterly. Training opportunities are offered throughout

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	the year as well as the annual Training Day.
Employees losing accrued leave due to staffing issues.	Staff must carefully plan leave time and coordinate with their work unit to ensure consumer services continue.
Let's get mandatory supervisory training (make it enjoyable).	The next Supervisor Training is being offered June 22 and 23. The theme is Supervision: Integrating Purpose, People, and Possibilities. While full supervisory participation is encouraged, mandatory attendance at this time is at the discretion of each Division Director. The suggestion of mandatory supervisory training is noted for possible future consideration.
New Employee Wellness Programs are exciting.	Thank you! You can look for more Wellness Program components as the year progresses.
Design wellness program that is gender neutral.	Outside workout facilities and programs are part of the Center's wellness programs. While some of these programs choose to be gender specific, other offerings are open to all.
Input: Planning and Network Advisory Committee (PNAC) Forum	
No Comments.	
Input: Community Forum	
No Comments.	



Goal 3: Describes the thoughtful and responsible administration and management of resources entrusted to the Center. This includes the ability and commitment of everyone to be efficient and productive in the execution of day-to-day activities and the capability of adapting successfully to an ever-changing environment.	
Input: VOICE/Consumer Council Forum	Responses
Let the VOICE Committee know when they might be able to fill a need, i.e. PES Survey.	Noted.
Input: Employee Forums	
Enter Progress Note timely to be able to bill in same month.	Progress notes should be entered no less than 24 hours after the service is provided.
Can Anasazi be customized to DD Services more to Person Directed Planning?	Yes. There is currently a state-wide Texas Special Interest Group workgroup discussing DD and AZ Central. Center representatives have included Maya Vega, Carla Atkins, Kimberly Littlejohn, and Lisa Shelby. There is also activity at the national level due to increased interest in DD Services.
Use more relief staff vs. full-time staff earning overtime.	Noted.
Use full-time more frequently to minimize relief staff.	Noted.
Can we add diaper changing stations to prevent changing on floors?	This should be able to be accomplished in most if not all restrooms. We have to ensure that we have space to accommodate them without violating the Americans with Disabilities Act access requirements.
Temperature changes vary from office to office.	Temperatures do change regularly throughout the day. Each building has a facility contact that should be informed of issues requiring a work order.
Group Home staff maintain homes without a lot of facility support.	Facilities provides monthly filter changes and other regular preventative maintenance; schedules landscaping, pest control, fire alarm, fire



	extinguisher, fire sprinkler, and Fire Marshall inspections; coordinates floor care as requested by each home; moves furniture; schedules and manages renovations; and performs or manages all repairs and maintenance for each group home operated by the Center. The Risk Manager visits each group home at least once weekly and speaks with the on-duty person about any concerns. We schedule and coordinate repairs and maintenance for the vehicles at each group home; respond to vehicle accidents; and provide alternate means of transportation as needed. We coordinate and manage all worker's compensation claims for staff.
We waste a lot of paper, cover sheets, (DADS submissions, etc. – Electronic Signatures).	Electronic signatures and electronic document management are features of the new AZ Central ATP software version. The Center has already committed to the new version and is currently working out financing. Once the software is installed, the Center will develop processes to reduce paper requirements.
Board meetings are almost paperless.	Staff will continue to examine opportunities to assist in a smooth flowing Board meeting.
Experiencing extreme time lag when trying to enter notes at close-out time (can we expand bandwidth)?	Maya Vega worked with MIS to determine more about this topic. Hardware and software in use by the reporting staff member was reviewed and was performing satisfactorily. This topic was rescinded at the request of the original staff. It should be noted: <ul style="list-style-type: none">• Performance of computers and network speeds are very important to MIS staff and other managers. Suspected problems or unusually "slow" issues should always be reported, preferably via ASR with supporting documentation such as computer location, computer asset number, time of day, day of week, software being used, etc.



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	<ul style="list-style-type: none">• There is no “close-out time” for entering service notes. By Center procedure, all notes are to be entered into the client record within 24 hours of services. Notes should not be accumulated throughout the month and entry delayed until significantly later.
Group homes have downtime with Citrix – notes difficult to enter.	Agreed. Our Citrix/Terminal Server farm is very old and is based on technology that is almost 10 years old. MIS has proposed replacing this farm several times over the past years and is waiting on a funding decision. A positive decision is expected this Summer.
Certain computers have caught virus – 3 times this last month.	Agreed. MIS spends several hours weekly combating viruses, worms, Trojans, etc., that have infected staff computers. Most of these problems occur from careless use of the Internet. Multiple safeguards are in place to prevent these infections but there is no fail-safe software available at reasonable cost. Trained and informed staff are the strongest defense. Note: Effects of the last virus could have been greatly diminished if staff would follow the recommended procedure of logging out of their computers each night - but leaving the computer turned <u>on</u> . Software upgrades including security updates are distributed during the evening hours .
Get MIS messages out when we discover system problems vs. user issues.	Agreed. MIS will try to do a better job of communicating when systems problems occur.
Can we scan documents in our E.H.R.?	See “We waste a lot of paper...” above.
What revenue sources are we looking at?	Staff are examining Federal Stimulus money, SAMSHA Grants, Foundation support and local Benevolence.
Attempt to budget Fee for Service by position type vs. total program.	Management examined this in 2010 and decided to stick with total program.
Can we have external providers inquire	Providers currently inquire about the



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on their claims status?	status of their claims through the claims payment department or the Center's Ombudsman's office.
How do we communicate to our internal provider to anticipated impact of Local Planning Network Development (LPND)?	Representatives from Behavioral Health, Consumer Liaison, Administrative Services and Child and Family Services have been working with Network Development Staff to develop implementation processes and discuss impact on internal services. This information has been shared with through divisional meetings.
Seek some stimulus money to help IT keep up with State demands.	Staff are actively involved in Stimulus Funding.
Track impact of FMAP increase to see if State will supplant gain to balance their budget.	It appears the Center will retain FMAP increase.
Input: Planning and Network Advisory Committee (PNAC) Forum	
List is thorough (Budget Impacts for 2010).	Thank you.
Input: Community Forum	
Method for tracking our success.	The Center tracks and reports service outcomes to a variety of stakeholder groups and fundors. In addition, a comprehensive review of service outcomes and opportunities for improvements is discussed in a monthly Quality Leadership Team Meeting.
It is not a budget problem – it is a human problem.	Noted.



Goal 4: Demonstrates the community's expectation for and the Center's acceptance of its role in and commitment to being the champion and voice of those people served by its mission. Active community education, strong advocacy in areas that will improve lives, and joining with others to eradicate stigma will direct energy to and focus on the achievement of a caring and healthy community.	
Input: VOICE/Consumer Council Forum	Responses
No Comments.	
Input: Employee Forums	
ATCMHMR's image is not the most positive in the Community (i.e. Relay for Life Participation, etc.).	This has been a continued concern for staff since I first got here. We hope to use the rebranding initiative to work at countering negative perceptions and also plan to intensive collaborative opportunities in the community in the coming months.
The branding of our Center will be challenging, including new web site.	Agreed.
Input: Planning and Network Advisory Committee (PNAC) Forum	
How can we expand our Local Planning focus to areas we are not accustomed to serving?	The Texas Legislature recently passed a law that expands the scope of services provided by local community centers. The Center engages community stakeholders in a planning process that identifies service gaps and needs in our community. Aligned with the strategic plan approved by the Center's Board of Trustees, a local area service plan is created to address these needs.
CAN issue Group on Aging is reported on their website.	Noted.
Input: Community Forum	
First he had learned that POEC is a problem.	I'm not aware of any problem with POECs.



**LINKAGES BETWEEN THE CITY OF AUSTIN,
TRAVIS COUNTY
and
THE AUSTIN TRAVIS COUNTY MENTAL HEALTH
MENTAL RETARDATION CENTER**

The information below provides an overview of direct key linkages between the City of Austin, Travis County and the Austin Travis County Mental Health Mental Retardation Center:

- Austin Travis County Mental Health Mental Retardation Center (ATCMHMR) serves as the Resource Manager of services provided to thousands of children and adults with mental illnesses, developmental disabilities and substance use disorders, many of whom are this community's most severely disabled. As the public mental health safety net for the City of Austin and Travis County, ATCMHMR provides around-the-clock emergency psychiatric intervention to people in crisis and serves as the link for these services to the City of Austin Office of Emergency Management.
- As the local mental health and mental retardation authority, i.e., *Resource Manager*, ATCMHMR has continued to participate in the *Primary Interlocal* since 1996. The current *Primary Interlocal* with the City of Austin requires maintenance of infrastructure, including extensive community wide planning, resource development, management and allocation; prevention, education and awareness efforts; extensive support of the Mayor's Mental Health Task Force Monitoring Committee (MMHTFMC) and the Community Action Network (C.A.N.); support of the New Milestones Foundation's initiatives to combat stigma; and broad based efforts to engage consumers and families in meaningful roles at ATCMHMR. The current Travis County *Primary Interlocal* emphasizes provision of services to consumers and families. Each *Primary Interlocal* requires unique measures and outcomes.
- Evaluation of service quality is an integral component of ATCMHMR's role as an Authority and Resource Manager. ATCMHMR works closely with staff at the City of Austin and Travis County to ensure effectiveness and satisfaction with outputs and outcomes in several *Interlocal Cooperation Agreements* (the *Interlocals*). Areas of emphasis in FY2010 will continue to be integration of mental health services and primary care in community health clinics; systems care coordination, including the evaluation function, strengthening crisis services, increasing the number of contracted providers and other mutually agreed upon areas of work.



- The *Primary Interlocal* provides required match for state safety net funding. The Center's most recently reported leveraged dollars per \$1.00 was \$15.32 for the City of Austin.
- The *Primary Interlocal* requires staff support for three planning partnerships or Issue Area Groups (specific to Behavioral Health, Child and Youth Mental Health and Intellectual and Developmental Disabilities) that encompass participants from related entities. The Executive Director and a Board member serve on the C.A.N. Resource Council. The Director of Programs is a member of the C.A.N. Administrative Team. The Senior Planner participates in the C.A.N. Assessment and Review Committee.
- Since 1999 the ATCMHMR has participated successfully in a resource management *Interlocal* with the City and County to provide network management services for local substance abuse treatment providers. Network management services include development of a provider network, credentialing and contracting, utilization and quality management, claims payment and provider relations. This *Interlocal* continues as a joint agreement between the ATCMHMR, the City of Austin and Travis County.
- Through another administrative service *Interlocal* with the City and County the ATCMHMR continues to provide network management services for at-risk youth and their families as the "Broker" for the Youth and Family Assessment Center.
- Through an *Interlocal* with the City, ATCMHMR continues to oversee the provision of mental health services for individuals presenting with primary care issues masking as depression and other behavioral health problems in the health clinics. Training by a psychiatrist as well as client consultation to increase the diagnostic and clinical management skills of primary care medical staff is a component of this initiative.
- ATCMHMR continues a highly productive collaboration with the Housing Authority of the City of Austin and the Housing Authority of Travis County in numerous housing subsidy grants, including renewal of on-going Shelter Plus Care grants.
- The Board of Trustees accepted the responsibility to oversee the Monitoring Committee for the Mayor's Mental Health Task Force and continues to provide extensive support to the Mayor's Mental Health Task Force Monitoring Committee. The Fourth Annual Report was produced for a comprehensive update on the work of the MMHTFMC during the past year. The MMHTFMC has an ambitious Action Plan for



this final year of its appointment. Community interest remains at a high level for this innovative initiative.

- Participation in the Re-entry Roundtable and the Jail Diversion Planning Group continue to strengthen interagency cooperation and facilitated resource development initiatives essential to effective community support and diversion from incarceration. This involvement is yielding additional community support and opportunities.
- ATCMHMR's Director of Communications collaborates with the City of Austin, Travis County and the Travis County Healthcare District on press releases or news events related to behavioral health and developmental disability issues.
- ATCMHMR staff of the Behavioral Health Division serve on the HIV Planning Council and make recommendations regarding HIV funding and priority issues.
- ATCMHMR continues to work with the City of Austin Pandemic Flu Human Services Response Coordinating Committee as they complete their Concept of Operations Plan for Pandemic Flu. The Disaster Mental Health Plan for Pandemic Flu will be updated to reflect both the overall plan for the City of Austin and the more detailed plan for human services.

Collaborations including Austin Travis County Mental Health Mental Retardation Center, the City of Austin and Travis County and other entities remain dynamic and productive to address the health and well being of the citizens of our community.



ATCMHMR Current Planning Efforts and Community Collaborations

Austin Travis County Mental Health Mental Retardation Center (ATCMHMR) continues its authority functions as outlined in the *Interlocal Cooperation Agreement* and as a member of the Community Action Network (C.A.N.).

Staff continues monthly participation on the C.A.N. Administrative Team (A-Team), Resource Council, Issue Area Group Leaders' Meetings and the Assessment and Review Committee. There has been much activity with the recent production and completion of Frequently Asked Questions (FAQ's) for the C.A.N.

- Behavioral Health Planning Partnership Issue Area Group that focus on adult mental health and substance use disorders,
- Child and Youth Mental Health Planning Partnership, and
- the Intellectual and Developmental Disabilities Coalition

Additional community planning activities and collaborations between ATCMHMR, the City of Austin (COA), Travis County and other entities addressing the health and well being of the citizens of our community include:

Health

- **The Integrated Care Collaboration (ICC)**
ATCMHMR is an active member of the ICC, a Health Information Exchange (HIE), for providers serving individuals in the safety net. The ICC is an alliance of healthcare safety net providers working together to increase access, improve quality and impact financing solutions to provide care to the region's medically indigent.
- **Alliance for African American Health in Central Texas**
Collaborations are maintained with African-American HIV service providers for services specific to the African American community. Behavioral Health Services Division of ATCMHMR works with African American-based community services and organizations such as Greater Mount Zion Baptist Church. Community membership and participation with the Citywide Hep C Network continues.
- **The Children's Partnership**
ATCMHMR remains an active participant in the Partnership that includes public child serving agencies in Travis County, e.g. Juvenile Probation, the Community Resource Coordinating Group (CRCG), ATCMHMR, the Department of Protective and Regulatory Services (DPRS), and Travis County Health and Human Services and Veteran Services. The Children's Partnership continues to work on system of care expansion for the greater Austin and Travis County community.



- **The Early Childhood Intervention Programs of Austin**
The three programs serving this community continue their collaborative efforts and planning for the child find activities.
- **Managed Services Organization (MSO)**
ATCMHMR functions as MSO for Youth and Family Assessment Center and Travis County Children's Partnership.
- **Austin Independent School District Grant on the Safe Schools/Healthy Students**
ATCMHMR is a supporter and collaborator in this Initiative to continue the transformation process for student mental health services in public schools.
- **Travis County Juvenile Court**
ATCMHMR works together with the Court to screen family members (for substance and alcohol abuse) of juveniles going through the Juvenile Court system.
- **Texas Chapter of the American Association on Intellectual and Developmental Disabilities (AAIDD)**
ATCMHMR has maintained membership in this state organization, formerly the Texas affiliate of the Association on Mental Retardation, to continue as a leader on the forefront re: IDD issues, policy, and services and supports.
- **Austin Regional Task Force on Autism**
Active participation in the Task Force is continued by ATCMHMR.

Housing & Transportation

- **Ending Community Homelessness Coalition (ECHO)**
This collaborative has as its goals planning, prioritizing, and developing strategies to end homelessness in Austin, TX. ATCMHMR is an active participant in the overall role of ECHO which is to identify specific strategies and to oversee ongoing planning efforts and implementation of the Plan to End Chronic Homelessness.
- **Homeless Management Information System (HMIS)**
ATCMHMR continues to be responsible for the implementation of the community-wide Homeless Services Data Base, and Service Point Users Group has been assumed by ATCMHMR in 2001. More than \$5 M was awarded to the Austin Travis County Continuum of Care with support of Service documentation for people who are homeless in the County. This Program coordinates with ECHO.
- **Regional Transportation Coordinating Committee (RTCC)**
More than 25 agencies and organizations, including ATCMHMR, meet to collaborate on the coordination of public transportation and client transportation services in the Capital Area (ten county area located in Central Texas).



- **Housing Authority of City of Austin (HACA) and Housing Authority of Travis County, TX.**
ATCMHMR continues a long collaboration with both local housing authorities to acquire vouchers for persons with disabilities and other low-income citizens.
- **Front Steps**
Continued collaboration with staff of Front Steps regarding mental health issues and the homeless.
- **Healthcare for the Homeless Clinics at Austin Resource Center for the Homeless (ARCH) and Salvation Army**
Collaboration between psychiatric and medical services of homeless population regarding referrals, and those individuals that may require more mental health services than those available at the agencies.
- **Capital Metro, Volunteer Care Givers, and ATCMHMR**
Collaboration between the three organizations continues with the goal to provide reasonable or free transportation to the aging population and individuals with intellectual and developmental disabilities.

Community Education, Awareness, & Advocacy

- **The Central Texas African American Family Support Conference**
ATCMHMR hosts and organizes conference with more than 500 attendees in collaboration with community organizations and volunteers.
- **Psychological Wellness Series**
Travis County Health and Human Services and Veterans Services, the Self Help Advocacy Center (SHAC), and ATCMHMR developed a psychological wellness series for consumers.
- **Austin Area Human Services Association (AAHSA)**
ATCMHMR remains actively involved advocating and working on initiatives with this network of more than 70 non-profit community-based health and human service organizations committed to increase awareness, visibility and services to the vulnerable members of the Austin community.
- **Area Agency on Aging of the Capital Area (AAACAP)**
Partnership between ATCMHMR and AAACAP to provide specialized training to care givers of aging population of the Developmental Disabilities Services Network.



Safety & Justice

- **Austin Travis County Mental Health Jail Diversion Committee**
Great progress has been made toward creating and supporting improved forensic behavioral health services, mental health-sensitive criminal justice services, and new crisis stabilization beds for the community during quarterly meetings. Automated daily sharing of mental health information regarding those in jail or prison was successfully initiated.
- **Psychiatric Services Stakeholder Meeting (PSSM)**
ATCMHMR continues to meet monthly with the City, County, Healthcare District, Seton Family of Hospitals and St. David's Hospital to implement and manage an improved crisis services system for Austin and Travis County. The PSSM is a sub-committee of the Healthcare District.
- **Crisis Intervention Team**
Monthly meetings between ATCMHMR and the mental health units, Crisis Intervention Teams (CIT), of the Austin Police Department and Travis County Sheriff's Office continue to strengthen their collaboration
- **Re-entry Roundtable**
Austin/Travis County Reentry Roundtable identifies and implements collaborative community-wide strategies for the effective reintegration of formerly incarcerated persons, thereby reducing recidivism, supporting victims and promoting public safety in Austin/Travis County.
- **City of Austin & Travis County Emergency and Disaster Response**
ATCMHMR collaborates with the City and County emergency and disaster response efforts with regard to emergency sheltering, pandemic flu, strategic national stockpile of vaccines, aviation disasters, mass fatalities, natural disasters, and terrorism. Partnering agencies include COA Homeland Security and Emergency Management Department, the COA Health and Human Services, Travis County Health and Human Services Department, Red Cross, Austin Police Department, Austin EMS, the Travis County Sheriff's Department, The University of Texas at Austin's Student Emergency Services, Counseling Center, and Schools of Social Work, Pharmacy and Nursing. Also the Capital Area Council of Governments and numerous local non-profit agencies.

Other Planning Activities

- **Masters' and Bachelors' level student interns**
There is a continued increase in the number of supported positions for placement of student interns as a result of expanded outreach. Schools collaborating with ATCMHMR and placing interns include The University of Texas at Austin, Texas State University, St. Edwards University, Rice University, Southwestern University and the University of Texas at San Antonio.



- **Family Support Cooperatives**
Austin Independent School District (AISD), The Arc of the Capital Area and ATCMHMR, plan together to provide training and support to families through the Cooperatives in Austin.
- **Lone Star Association for Persons In Supported Employment (APSE)** – The Network on Employment and less formal associations, including ATCMHMR, among supported employment providers in the community, to provide technical assistance and supports for the provision of supported employment.
- **Money Follows The Person (MFP)** Collaboration with DADS regional staff, other Mental Retardation Authorities, Area Agencies on Aging and Health and Human Services Commission Medicaid financial eligibility and managed care staff has been crucial for ATCMHMR to participate in the statewide initiative. MFP is designed to promote independence and community living for persons who are elderly or who have disabilities and are moving from institutional settings back into their communities.

These varied collaborative efforts help ensure that the diverse needs of consumers are considered in the planning efforts of other organizations; such efforts frequently lead to the development of new resources.

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